



# CARLSTADT POLICE DEPARTMENT

500 Madison Street  
Carlstadt, New Jersey 07072

HQ: (201) 438-4300

FAX: (201) 939-4522

## LARCENY REPORT

CFS #: \_\_\_\_\_

NAME OF COMPLAINANT: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

“ ”

OFFICER ASSIGNED: \_\_\_\_\_ APPROXIMATE DATE OF OFFENSE: \_\_\_\_\_

QUANTITY	ITEM AND DESCRIPTION	ESTIMATED VALUE
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TOTAL VALUE: \_\_\_\_\_

I, THE UNDERSIGNED, ATTEST TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE IS A TRUE DESCRIPTION AND VALUE. I REALIZE THAT IT IS MY RESPONSIBILITY TO NOTIFY THE CARLSTADT POLICE DEPARTMENT AS SOON AS POSSIBLE IN THE EVENT OF THE RECOVERY OF ANY OF THE LISTED ITEMS.

SIGNED \_\_\_\_\_

DATE: \_\_\_\_\_