



SPRINGFIELD POLICE DEPARTMENT

FAILURE TO RETURN LEASED PROPERTY REPORTING FORM



Case #: _____

INSTRUCTIONS

1. **Please fill out this form as completely as possible.** The requested information is needed for any future presentation of a case to the Greene County Prosecutor's Office.
2. **Attach photocopies** of all information listed below in the checklist and send in with your reporting form. Completed reports may be sent by mail or dropped off at the front desk of our Department. The address and telephone number are listed below.
3. **Complete a separate reporting form for each individual offense.** If there is more than one responsible party for a particular account, list the other party on the same reporting form.
4. Retain all of your business documents in a safe, secure place should they be needed at a later date for court proceedings.

TELEPHONE NUMBERS:	MAILING ADDRESS:
(417) 864-1810	Springfield Police Department ATTENTION: RECORDS 321 E. Chestnut Expressway Springfield, MO 65802

CHECKLIST INCLUDE COPIES OF THE FOLLOWING

- | | |
|---|---|
| <input type="checkbox"/> Application
<input type="checkbox"/> Contract or Agreement
<input type="checkbox"/> Payment History (showing last payment made on account)
<input type="checkbox"/> 10-Day Letter | <input type="checkbox"/> Registered/Certified Mail Receipt (upon mailing)
<input type="checkbox"/> Registered/Certified Return Receipt (indicating whether delivered or not)
<input type="checkbox"/> Suspect Identification or Driver's License
<input type="checkbox"/> Probable Cause Statement |
|---|---|

VICTIM INFORMATION

Name of Business:			
Address of Business:		Business Phone:	
Person Reporting Incident:		Home Phone:	
Title/Position:	Date of Birth:	Sex:	Race:
Did You Complete The Agreement With The Suspect? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, Who Did?		Who Can Identify the Suspect?	
Date of Last Payment Received:		Date Account Became Delinquent:	
Total Amount Originally Financed:		Unpaid Balance on This Account:	



SPRINGFIELD POLICE DEPARTMENT

PROBABLE CAUSE STATEMENT FOR FAILURE TO RETURN RENTED PERSONAL PROPERTY



Date: _____

I, _____, (person who rented the personal property), knowing that false statements made herein are punishable by law, state as follows:

1. I have probable cause to believe that _____, (lessee), _____ (DOB), _____ (SSN), committed a criminal offense of failure to return personal rental property.

2. The facts supporting this belief are as follows:

In Greene County, Missouri, on _____ / _____ / _____, above said lessee signed a written agreement, incorporated by reference as *Attachment 1, to lease or rent (select one) _____ (identify items leased or rented) with a total value of \$_____, which was due back at _____ (name of business, if applicable) _____ (address) _____ (city), no later than _____ (month), _____ (day), _____ (year). _____ (business/owner who rented property) mailed a written demand, incorporated by reference as **Attachment 2, for return of the personal property, with said demand being addressed and mailed by certified or registered mail (select one) to _____ (lessee) at the address given at the time of making the lease or rental agreement. The notice contained a statement that the failure to return the property may subject the lessee to criminal prosecution. Said lessee has failed to return the property.

Select One if Applicable:

The lessee: Concealed Sold Pawned Loaned Abandoned Gave Away the property.

The above statements are true to the best of my information and belief.

Signature

Printed Name

Address

City

State

Zip

*Attachment 1 – Lease Agreement

**Attachment 2 – Demand Letter