



TOWN OF VERNON

DEPARTMENT OF POLICE

725 HARTFORD TURNPIKE
VERNON, CONNECTICUT 06066

Phone (860) 872-9126

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James L. Kenny
Chief of Police

LOST / STOLEN CELLULAR PHONE REPORT

CFS #: _____ Date: _____ Home Phone #: _____
VPD case no.

Name _____ Work Phone #: _____
(Please print clearly)

Address: _____
Town State Zip

DOB: _____ Drivers Lic. No. & State _____

Cellular Ph Number + area code: _____ Carrier: _____
(Your cell ph company)

Make of Phone: _____ Model: _____

SERIAL NUMBER: _____ **O.A.N.** _____
(Owner applied number)

Date Lost / Stolen: _____

Approx. Value: _____ U.S. Dollars

I _____ am the lawful owner of the above described cellular phone.
(Print your name clearly)

Please check one box:

- I am requesting the arrest of the person(s) responsible for the theft of and or in possession of my cellular telephone.
- I am reporting my cellular telephone LOST at _____
(Location if known)

I hereby state that the above information is true and correct to the best of my knowledge pursuant to the penalties as described in C.G.S. Sec.53a-157 (making false statements) and is punishable by law.

I further understand that I am entitled to a copy of this report and can request a copy of this record department for my cellular carrier.

Complainants Signature

Witness

