

Check Information:

Writer: _____ **To Whom Payable:** _____

Bank Drawn on: _____ **Amount: \$** _____

Date of Check: _____ **Endorser:** _____

Type of Check (ie personal, company, two party, etc): _____

Address on Check: _____ **Telephone #:** _____

Date check sent to bank for payment: _____

Date check was returned by bank: _____

For NSF cases only:

Date you notified writer of check that bank had refused to pay: _____

How was the writer notified: _____

Response (if any) of check writer after notification: _____

Additional Information: _____

Property Loss:

What was given in exchange for the check (cash, goods, services, etc., please itemize if possible):

I, the undersigned, represent and declare the above information is true and correct to the best of my knowledge and belief and that I wish to prosecute the writer or passer of the bad check, including signing a criminal complaint against the person, and providing an employee for possible future court appearances.

Name:

(Signed):

Position within firm or business:

Date:

After completion of this form, attach the check to the form, and a copy of the letter requesting payment (NSF case only) and contact the Lake Oswego Police Department at (503) 635-0238.