

NORTHEASTERN REGIONAL POLICE DEPARTMENT

5570 BOARD ROAD

MT WOLF, PA 17347

CHECK REPORT FORM

(To be completed in full by store personnel PRIOR to contacting the Police Department.)

(PLEASE PRINT OR TYPE INFORMATION -- Use reverse side if additional space needed)

CHECK / FINANCIAL INSTITUTION INFORMATION

(To be completed by Store Personnel responsible for Check investigations/prosecutions)

Name of Financial Institution: _____ Check#: _____

Account#: _____ Date/Time Issued: _____

Amount of Check : \$ _____

Issuer's Name: _____ Phone #: _____

Address: _____

Has contact been made with the Financial Institution? Yes No

If yes: Date/Time of Contact: _____

Name of Person Contacted: _____

Branch/Phone Number: _____

Brief description of information received: _____

TRANSACTION INFORMATION

(To be completed by employee who handled transaction/accepted check)

Type of Identification Used: _____

If Driver's License: State: _____ OLN: _____

Did Photo on I.D. match the person passing the check? YES NO

If additional I.D. was used, describe: _____

Briefly describe merchandise/services/cash received for check: _____

Is receipt (or copy) attached: YES NO

WE VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND FURTHERMORE AGREE TO TESTIFY AND PROSECUTE TO THE FULLEST EXTENT OF THE LAW. WE ALSO UNDERSTAND THAT FALSE STATEMENTS ARE MADE SUBJECT TO THE PENALTIES OF 18 P.A.C.S.A. SECTION 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

Business Name: _____

Address: _____

Phone: _____

Clerk Name: _____

Address: _____

(home) _____

Home Phone: _____

Signature: _____

Store Representative

Name: _____

Address: _____

(home) _____

Home Phone: _____

Signature: _____

Date form completed: _____