

**OSSEO POLICE DEPARTMENT
13712 - 8TH STREET
OSSEO, WI 54758
(715) 597-2481**

STATEMENT OF LOSS OR DAMAGE

Case No. : _____

Insurance Company or Agent

Victim: _____

Name: _____

Address: _____

Address: _____

City and State: _____

Phone: _____

Phone: _____

Claim Number: _____

In order that the Court may have a full account of the damage or loss you recently suffered, we ask that you have a detailed outline of same. If possible, this should be verified by bills or estimates. State type of damage or loss and value.

If your loss is covered by insurance, please submit name and address of insurance company or agent.

Restitution cannot be ordered by the court without your written statement. This must be submitted to the Osseo Police Department within seven (7) days.

The following are the items taken or damaged and value:

I gave no one permission to: _____

Signature of Claimant _____

Address _____

Date _____

City and State _____