

Mail To:
Saint Paul Police Department
Records Unit
367 Grove Street
Saint Paul, MN 55101
or FAX to: (651) 266-5711

Case Number: _____

Date of crime: _____

Name: _____

Crime address: _____

Property Loss / Property Damaged Continuation

Item #	Quantity	Article	Brand	Model #, Serial #, and/or Description	Value

I Certify this information is true and correct to the best of my knowledge:

Signature: _____

- CHF Cent JUV
- A/C West F/F CAPROP
- HOM East FORCE Other: _____