



SASKATOON POLICE SERVICE

LOST OR STOLEN PROPERTY REPORT

COMPLETED REPORT MUST BE RETURNED TO CENTRAL RECORDS FOR DATA ENTRY

DATE: _____ FILE NUMBER: _____

NAME: _____ PHONE(S): _____

ADDRESS: _____ Lost or Stolen

Please make descriptions as detailed as possible

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
1.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
2.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
3.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
4.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
5.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
6.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
7.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
8.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

	ITEM	MAKE	MODEL	SERIAL #	EXPIRY DATE
9.	(a)				
	(b) Description:				
	(c) No. of Pieces: Value:	Colour:	Year:	Calibre:	Barrel Length:

To add additional information, this form may be copied or items can be continued on the back page.

MAIL TO: SASKATOON POLICE SERVICE BOX 1728 SASKATOON, SK S7K 3R6	DELIVER TO: SASKATOON POLICE SERVICE 76 25th STREET EAST SASKATOON, SK S7K 3P9
FAX TO: CENTRAL RECORDS RADIO ROOM FAX NO: 306-975-8359	