



NON-CONSENT FORM

VICTIM INFORMATION

APD Case # _____

Full Name: _____ Date of Birth: ____ / ____ / ____

Physical Address: _____ PO Box: _____

City: _____ State: ____ Zip: _____ - _____

Home phone: (____) _____ Work phone: (____) _____

Cellular phone: (____) _____ Other phone: (____) _____

NON CONSENT

I did not give consent to anyone including:

(Suspect's name or names if known)

To cause bodily harm to me To sexually assault me To threaten or harass me

To damage or destroy my property or property under my control

To take possession of my property or property under my control

To enter my property or property under my control

Other: _____

Check all that apply: I am the: Owner or Co-owner of Lessee of, Tenant

Manager of Employee of, Officer of Corp, or Assoc. of, and/or Victim

PROPERTY LOSS

IMPORTANT: If you are a tenant and/or not the actual property owner, and there was property damage or a loss to an owner, please list their name(s) and phone contact information below, including their current mailing and physical address(s).

Owner name, address, phone #

_____ Estimated Loss: \$ _____

Please describe above the building, property, vehicle, any damage or loss, etc.

Dates of incident: ____ / ____ / ____ to/and ____ / ____ / ____

(Circle one)

Incident Time Frame: ____:____ am/pm to ____:____ am/pm

Location of incident (address): _____

SIGNATURES

_____ Date/Time: ____ / ____ / ____ ____:____ am/pm

(Your Signature)

_____ Date/Time: ____ / ____ / ____ ____:____ am/pm

(Officer's Signature)