PROPERTY IDENTIFICATION SHEET

Inc#_____ Officer_____

THIS FORM WILL BE RETURNED TO YOU IF THE VALUES ARE NOT FILLED IN.

(PLEASE **ESTIMATE** IF **VALUE** IS NOT KNOWN)

Please list all property that was taken from your Home or Business. **We urge you to make an extra effort to obtain any serial numbers from your records.** Give a detailed description of each item noting any identifying characteristics and also the approximate value of each item.

Return this form to the Saugus Police Department/ **Investigating Officer**, 27 Hamilton Street, Saugus, MA 01906 within **48** hours of the break

Name:_____ **Telephone#**_____

Address:_____ Saugus, Mass 01906

ITEM:	SERIAL#	VALUE	IDENTIFIABLE MARKS