

Wisconsin Dells Police Department

712 Oak St. Wisconsin Dells, WI 53965
(608) 253-1611 FAX: (608) 254-4375

Non-Consent Form

I am the Owner / Co-Owner / Agent of:
(please circle one)

(Describe)

I did not give consent for anyone to:

List known suspect(s)

____ A. Enter my property

____ B. Take possession of my property

Property Description (list additional on back)

Estimated \$ Value

____ C. Defraud Me

Estimated \$ Value

____ D. Cause Damage or Destroy my property

Property Description (list additional on back)

Estimated \$ Value

____ E. Cause Bodily Harm to Me

____ F. Sexually Assault Me

____ G. Harass Me

____ H. Other: _____

The incident occurred at: _____:_____ a.m. / p.m., _____, 20____

(Street Address)

(City, State)

Signature: _____ Date-of-Birth: _____

Print Name (first, middle, last): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Officer: _____ Incident Number: _____ Date: _____ Time: _____

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List of Property Stolen / Damaged:

Item:

Approximate Value:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Total Loss: _____