

Property Claim Form

This form must be completed and returned to the Boynton Beach Police Department along with any required proof of ownership. Return completed form, and any supporting proof of ownership, to: PoliceEvidence@bbfl.us or by dropping it off to the Station at 2100 High Ridge Road. Please allow up to seven (7) business days from the date of submission for the property and case information to be reviewed.

(PLEASE PRINT CLEARLY OR W	E MAY NOT	BE ABLE TO	REACH YOU)		
CLAIMANT NAME			PHONE #		
EMAIL ADDRESS			BIRTH DATE		
CASE # (IF KNOWN)			CASE DATE		
PLEASE CIRCLE THE APPRO	OPRIATE P	ROPERTY T	TYPE BELOW		
PRISONER	LOST/FO	UND	SAFEKEEPING	WEAPON	
ADDITIONAL INFORMATION NEE	DED FOR <u>WE</u>	APONS ONLY			
BIRTHPLACE					
ARE YOU A US CITIZEN? YI	ES NO	IF NO, PRO	VIDE ALIEN ID #:		
I certify that I am the legal owner insurance claim and have not receperjury, I declare that I have read Claimant's Signature:	ived insuranc	e reimbursen	nent for loss of the property. U	Inder penalties of	
	DATE:				
**********	**** FOR AD	MINISTRATIVE			
Received: To	ech Initials:	Date	e Completed:	_	

REMARKS: