

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 TYPE OR PRINT CLEARLY)

FULL NAME	PHONE #
_____	_____
EMAIL ADDRESS	BIRTH DATE
_____	_____
CASE # (IF KNOWN)	CASE DATE
_____	_____

USE THE BELOW LINES TO DESCRIBE ITEMS CLAIMING:

Additional information needed to process claims for FIREARMS ONLY:

Place of Birth:	Social Security #:
Race:	Sex:
Country of Citizenship:	State of Residence:

If NOT a US Citizen:

AR Number: _____ or I-94 Number: _____

I certify that I am the legal owner of the property being claimed, and further certify that I have not filed an insurance claim and have not received insurance reimbursement for loss of the property. Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

Claimant's Signature:

_____ DATE: _____

***** FOR ADMINISTRATIVE USE ONLY *****

Received: _____ Tech Initials: _____ Date Completed: _____

REMARKS: