

# RESTITUTION/LACK OF CONSENT

## Norwalk Police Department

208 S. Church St. PO Box 230  
Norwalk, WI 54648

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

Owner (if different from above): \_\_\_\_\_

I the undersigned, state that on the \_\_\_ day of \_\_\_\_\_, in the year of \_\_\_ at approximately \_\_\_\_\_am/pm I was the \_\_\_ owner, or \_\_\_ person in lawful possession of the \_\_\_ property, \_\_\_ building, \_\_\_ dwelling, which was \_\_\_ stolen, \_\_\_ damaged, or \_\_\_ unlawfully entered, without consent, and the property is/was located in the Village of Norwalk, County Of Monroe, State of Wisconsin. Of the said property and/or the cost of repairing such damage is in the approximate amount of \$\_\_\_\_\_ based on the following information:

List items stolen/damaged including serial and model numbers	Value
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Total Value	\$ _____

\_\_\_\_ I have insurance for this incident                      \_\_\_\_ I have no insurance for this incident

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_