

THEFT OF RENTAL PROPERTY FACT SHEET

OFFICE OF DISTRICT ATTORNEY | 721 OXFORD AVE, SUITE 2570 | EAU CLAIRE, WI 54703 | 715-839-5090

Please read and complete this form in its entirety. Failure to do so may result in delays or inability to process the theft of rental property referral. Completed forms and supporting documents may be sent to the District Attorney's Office by mail at the address listed above. Additional information about policies and procedures for theft of rental property referrals can be found on the District Attorney's website or by contacting the District Attorney's Office.

Please respond to the following statements regarding the theft of rental property you are referring:

- 1. Prior to renting the property, a written rental agreement was drafted and signed by all parties. Yes No
- 2. The signed, written rental agreement included a specific, finite term of rental period. Yes No
- 3. A letter demanding return of the rental property was sent by certified mail to the renter. Yes No

Note: If the answer to any of the above questions is "no," the District Attorney's Office cannot process this referral. You may be able to pursue civil actions to recover the loss.

Please complete the following information:

Merchant/Victim

Name _____ Phone # _____

Mailing Address _____

Physical Address (if different) _____

Municipality Where Property Was Rented City Town Village of _____

Employee Who Signed Rental Agreement _____

Rental Information

Name of Individual Who Signed Rental Agreement _____

Address _____

Phone # _____ Is this individual known by the employee? Yes No

Driver License or ID Card Number Used _____

Driver License or ID Card Issuing State _____ Expiration Date _____

Date Rental Period Began _____ Date Rental Period Expired _____

Description of Rental Property _____

Value of Rental Property _____

I, the undersigned, affirm that the foregoing is true and accurate to the best of my abilities. By signing below, I authorize the District Attorney's Office to commence criminal action against the renter of the above noted property. I further agree that I if I accept payment for or return of the property I have referred to the District Attorney's Office I will immediately inform the District Attorney's Office. I understand that failure to comply with the policies and procedures for theft of rental property referrals may result in an inability for the District Attorney's Office to handle future referrals I submit.

Signature: _____

Date: _____

Printed Name: _____