

TAMPA POLICE DEPARTMENT



STATEMENT OF COMPLAINT
Failure to Return Rental Property
F.S.S. 812.155 and 812.022 (1)

INSTRUCTIONS: The following information is required for the Tampa Police Department & Hillsborough County State Attorney's Office to investigate and prosecute individuals failing to return rental property. Include with this document copies of all applicable **rental contracts, legible copies of credit card vouchers, payments schedules**, and a separate written history of the owner's attempts to retrieve property, including positive and negative reactions from those contacted. This form **must** be notarized and accompanied **with a certified letter and receipt**.

If there is no date specified for redelivery, or if it is determined that the owner has given the renter permission to keep the rental property beyond the contract termination date, without a new signature on a new or revised contract, no report will be originated.

A photocopy of the renter's driver's license or identification must be submitted with this form.

| | | | | | | | | |
|--|---|----------------|-----------------|---------------|--------------------|--------------------------|------------|--------|
| 1. COMPLAINANT: (Owner or company seeking retrieval of property) | Name of Business: | | | | | | | |
| | Address: | Phone: | | | | | | |
| 2. WITNESS: (Employee who handled transaction) | Name: Last, First, MI | Date of Birth: | Work Hours: | | | | | |
| | Home Address: | | Phone: | | | | | |
| | Business Address: | | Phone: | | | | | |
| | Can this employee positively identify the renter: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| 3. RENTER: (Mandatory) | Name: Last, First, MI | | Date of Birth: | | | | | |
| | Home Address: | | Phone: | | | | | |
| | Work Address: | | Phone: | | | | | |
| | Physical Description: | Race: | Sex: | Height: | Weight: | Hair Color/Length/Style: | Eye Color: | Other: |
| | Payments: | Credit Card: | Account Number: | Bank: | Check #: | Other: | | |
| | Description: | | Serial Number: | Model Number: | Replacement Value: | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |

Complaint Filed By: (Please Print Name and Company Title): _____

Signature of Witness (#2 Above): _____ Date: _____

STATE OF FLORIDA
 COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____,

By _____.

My Commission Name is: _____

My Commission Expires: _____

Personally known _____ or produced identification: _____.

Type of identification produced: _____.