

MILFORD POLICE DEPARTMENT

430 Boston Post Road
Milford, CT 06460
203-878-6551

LOST/STOLEN VEHICLE REGISTRATION PLATE FORM

Case Number		Date of Report	Time of Report
Date Lost/Stolen	Time Lost/Stolen	Location Lost or Stolen	

The complainant should complete the Information Section with as much detail as possible.

Do not sign this form until it is reviewed by the Desk Officer

Information Section			
The Registration was: <input type="checkbox"/> Lost or <input type="checkbox"/> Stolen (check the appropriate box)			
Complainant Information:			
Name: Last Name, First Name, MI		Date of Birth	Sex Race
Address	Town	State Zip	Home Phone
Vehicle Information:			
Make	Model	Year	Registration # (State & Reg #)
Vin #	Plate Location (Front / Rear / Both)		Number of Plate(s)
<p>Sec. 14-18 C.G.S. requires me to notify the Dept. of Motor Vehicles of the loss/theft of my registration plate within 48 hours.</p> <p>I have completed and read (or had read to me) the above statement and it is true to the best of my knowledge. I fully understand that if I make a statement which is untrue and which is intended to mislead a law enforcement official in the performance of their official function, I will be in violation of Section 53a-157 of the Connecticut General Statutes. A false statement is a Class - A Misdemeanor</p>			

		Complainant's Signature	
Subscribed and sworn to me this _____ day of _____, 20_____			

		Police Officer/Notary Public	
OFFICIAL USE ONLY: Do not write below this line			

OCA#	Message #	Reviewing Sergeant
Officer Taking Complaint	Badge #	Entered by Steno