SUPPLEMENTAL LOSS FORM MILFORD POLICE DEPARTMENT 430 Boston Post Road Milford, Connecticut 06460

REPORT #:

FOR POLIC	E DEPARTMENT USI	E ONLY:					
Complainant:				Telephone:			
Address:				Date of Report:			
G:			Detective:				
In regard to t	the above-mentioned in	vestigation conducted by th	e Milford Police Department, my losse	es are listed below	V.		
Signature:				Date:			
Amount of Items	Type of Item	Brand Name	Color/Setting/Inscription	Model No.	Serial No.	Value of Item Taken/ Your Loss	

Form #131