

NON-CONSENT FORM

Lake Delton Police Department

Case # _____

Please Print Clearly

Full Name _____ Date of Birth ____/____/____

Physical Address _____ PO Box _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____ Alt Phone _____

I am the (check all that apply):

Victim Lessee Tenant Owner or Co-Owner Manager Employee

Officer of Corp. or Assoc. and/or Other: _____

of Business Name (if applicable): _____

Describe victimized property, building, vehicle, etc: _____

I did not give consent to anyone, including:

_____ (Suspect's name(s) if known)

To (check all that apply): Cause bodily harm to me Sexually assault me
 Threaten or harass me Take possession of my property
 Damage or destroy my property Enter my property described
 Other _____

Date of Incident ____/____/____ Time of Incident ____:____ am / pm

Location of Incident (address) _____

Signature _____ Date/Time _____

Officer's Signature _____ Date/Time _____