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BAD CHECK INFORMATION FORM

DATE SUBMITTED: _____

SUBMITTED BY: _____

PHONE NUMER: _____

VENDOR: _____

VENUE: _____

SUSPECT: _____

ADDRESS _____

SSN: _____

DOB: _____

Dl# _____

Type of Return ___ NSF
___ Closed Account

Date of Check _____

Check No. _____

Amount of Check $_____

Notification by Certified Mail

Date Sent _____

Notification Results _____ Green Card Returned Date _____
_____ Notice Returned Unclaimed Date _____

Notification by Cert. Of Mailing
Date __ Date _____
__ Not Applicable

List of Documentation Provided
To Law Department
__ Check – Original
__ Proof of Certified Mailing
__ Returned Green Card – Original
__ Unclaimed Notification Letter
__ Proof of Certificate of Mailing
__ Other _____
_____
_____

LAW DEPARTMENT SIGNATURE: _____