

**MERCHANT'S FORM**  
**AUSTIN POLICE DEPARTMENT**  
**FINANCIAL CRIMES**  
**PO BOX 689001**  
**AUSTIN, TX 78768-9001**  
**(512) 974-5290**

1. Have account holder complete Forgery Affidavit.
2. Complete this form.
3. If account holder has already made a police report, use the offense number given to them.
4. If account holder has not made a police report, Call 311 and make police report.
5. Mail this completed form, the Forgery Affidavit and the original check to the above address.

\*This form must accompany each check submitted for investigation.

\*A separate form must be completed for each check presented or credit card transaction conducted.

\*Only checks passed within the city limits of Austin will be accepted.

<b>Merchant (Business or Person Suffering Loss)</b>	<b>APD Offense Number</b>
<b>Merchant's Business Address</b>	<b>Merchant's Business Phone</b>
<b>Complainant (Reporting Person) Title or Position</b> _____	
First Name _____ Last Name _____ Race ____ Sex ____ DOB _____	
<b>Complainant's Home Address</b>	<b>Complainant's Home Phone</b>
<b>Crime Reported</b> Credit Card Abuse <input type="checkbox"/> Debit Card Abuse <input type="checkbox"/> Forgery <input type="checkbox"/> Other _____	<b>Date and Time Occurred</b>
<b>Address Where Offense Took Place (Include County)</b>	<b>Describe Location or Premise Type</b>
<b>Witness (Person Accepting Check or Conducting Transaction) Title or Position</b> _____	
First Name _____ Last Name _____ Race ____ Sex ____ DOB _____	
<b>Witness Residential Address</b>	<b>Witness Residential Phone</b>
<b>Can Witness Positively Identify the Suspect?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Identification Used by Suspect</b> (Type: ID, DL, SSN, etc. and Number)
<b>Name and Account Number Imprinted on Check or Embossed on the Credit/Debit Card</b>	
<b>Why was Check Returned by Bank or Credit/Debit Card Denied? (Attach Forgery Affidavit)</b>	
<b>Do You Have Surveillance of the Suspect or Transaction?</b> <b>Mark One</b>  Video Tape <input type="checkbox"/> Digital <input type="checkbox"/> Still Photo <input type="checkbox"/>	

## **MERCHANT'S FORM SUPPLEMENTAL**

### **Suspect #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

DOB (or approximate age) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

### **Suspect #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

DOB (or approximate age) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

### **Suspect #3**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

DOB (or approximate age) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

### **Suspect's Vehicle**

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Style \_\_\_\_\_  
(Chevy, Ford, etc.) (Regal, Skylark, etc.) (blue, red, etc.) (2dr, 4dr, truck, etc.)

License Plate number \_\_\_\_\_ State \_\_\_\_\_