



# NATICK POLICE DEPARTMENT

## AFFIDAVIT IN SUPPORT OF LARCENY/SHOPLIFTING COMPLAINT

Report #	<b>-AR</b>
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<b>Complainant</b>	Store Name	Date
	Store Address	Phone

<b>Suspect #1</b>	Name		DOB	
	Address		SSN	
	City/State/Zip		Phone	
	Height	Weight	Eyes	Hair
	Place of Birth (City/State or Foreign Country)		Father	
		Mother (maiden)		

<b>Suspect #2</b>	Name		DOB	
	Address		SSN	
	City/State/Zip		Phone	
	Height	Weight	Eyes	Hair
	Place of Birth (City/State or Foreign Country)		Father	
		Mother (maiden)		

<b>Witness Signature</b>	Name	DOB
	Signature	Title
	Police Officer Signature	ID

<b>Details of Theft</b>	

<b>Items Stolen</b>	Item	Qty	Price