TAMPA POLICE Department

STATEMENT OF COMPLAINT

Failure to Return Hired Vehicle

F.S.S. 817.52

INSTRUCTIONS: The following information is required for the Tampa Police Department & Hillsborough County State Attorney's Office to investigate and prosecute individuals failing to return hired vehicles. Include with this document copies of all applicable rental contracts, legible copies of credit card vouchers, payment schedules, and a separate written history of owner's attempts to retrieve property, including positive and negative reactions from those contacted. This form must be notarized and accompanied with certified letter and receipt.

If there is no date specified for redelivery, or if it is determined that the owner has given the renter permission to keep the rented vehicle beyond the contract termination date, without a new signature on a new or revised contract, no report will be originated.

A photocopy of the renter's driver's license or other identification must be submitted with this form.

1. COMPLAINANT (Owner or company seeking retrieval of property)

Name of Business: _____

Address: _____

Phone: _____

2. WITNESS (Employee who handled transaction)

Name: Last, First, M.I.: _____

Date of Birth: _____

Work Hours: _____

Home Address: _____

Phone: _____

Business Address: _____

Phone: _____

Can this employee positively identify the renter: Yes / No _____

3. RENTER (Mandatory)

Name: Last, First, M.I.: _____

Date of Birth: _____

Home Address: _____

Phone: _____

Work Address: _____

Phone: _____

Physical Description - Race: _____

Sex: _____

Height: _____

Weight: _____

Hair Color/Length/Style: _____

Eye Color: _____

Other: _____

Payments - Credit Card: _____

Account Number: _____

Bank: _____

Check #: _____

Other: _____

4. HIRED VEHICLE

Year: _____

Make: _____

Model: _____

Doors: _____

Color: _____

License # / State / Expires: _____

Decal #: _____

VIN #: _____

Value: _____

Other Description: _____

_____

Complainant (Print name and position in the company): _____

Signature of Witness: _____

NOTARY

STATE OF FLORIDA

COUNTY OF: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

By: _____

My Commission Name is: _____

My Commission Expires: _____

Personally known _____, or produced identification:

_____

Type of identification produced: _____