

## RETURNED CHECK FORM – CHECK LIST

### BUSINESS INFORMATION:

(Business/Person turning in the check)

Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 2<sup>nd</sup> Phone #: \_\_\_\_\_

If there is a different number than the business phone number, please list.

### PERSON INFORMATION:

(Person that wrote the check)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ License #: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

### CHECK INFORMATION:

Check #: \_\_\_\_\_ Check Dated: \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ Your Fees: \$ \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

Reason for Return: NSF \_\_\_\_\_ Account Closed \_\_\_\_\_ Other \_\_\_\_\_

Check Payment for: Services Rendered \_\_\_\_\_ Items Purchased \_\_\_\_\_

### ATTEMPTS TO COLLECT RESTITUTION:

Certified Mail Article #: \_\_\_\_\_

Received By: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

Any Additional Attempts: \_\_\_\_\_

Additional Information You May Have: \_\_\_\_\_

Date turned over to The Ottawa Police Department: \_\_\_\_\_

Signed: \_\_\_\_\_