

WAITE PARK POLICE DEPARTMENT CHECK CONTROL STATEMENT

DESCRIPTION OF CHECK:

CHECK NUMBER:	CHECK ISSUED TO:	DATE ISSUED:
AMOUNT OF CHECK:	ACCOUNT NUMBER:	BANK CHECK DRAWN ON:
NAME(S) ON THE ACCOUNT:		ADDRESS OF ACCOUNT HOLDER:

PERSON WHO ACCEPTED CHECK:

LAST NAME:	FIRST NAME:	MIDDLE NAME:
STREET ADDRESS:		CITY:
		STATE:
		ZIP:
WORK PHONE:	HOME PHONE:	OTHER PHONE:
		DATE OF BIRTH:
EMPLOYED BY:		POSITION/TITLE:

QUESTIONS: (Must be answered by person who took the check) (Please Print)

1. Did you accept the check described above? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. On what date did you accept it? _____	3. Did you mark the check at the time you accepted it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
4. Was the check filled out and signed in your presence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
5. Was check issued to merchandise purchased at the time it was passed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____		
6. What was purchased with the check? _____		
7. Did the person passing the check request that the check not be cash for any period of time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
8. Do you know the person who passed the check? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how do you know this person: _____		
9. Did you ask for identification from the person passing the check? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. What identification was presented? <input type="checkbox"/> ID Card <input type="checkbox"/> Drivers License State: _____ Other: _____	
11. Did the identification have a photo? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Did you compare the photo on the ID to the person passing the check? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Did the photo on the ID match the person? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Was there any dispute about the merchandise purchased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____		
15. Do you believe you would be able to identify the person at a later time? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe the person you took the check from: RACE _____ SEX _____ GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO HEIGHT _____ WEIGHT _____ EYE COLOR: _____ FACIAL HAIR <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE _____ TATTOOS/JEWELRY <input type="checkbox"/> Yes <input type="checkbox"/> No DESCRIBE _____ OTHER _____	

THIS STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNED: _____

DATE: _____