

# Wisconsin Dells Police Department

712 Oak Street, Wisconsin Dells, WI 53965

(608) 253-1611 fax: (608) 254-4375

Chief of Police Jody J. Ward

## Non – Consent Form

I am the Owner // Co-Owner // Agent of:  
(Please circle the one that applies to you)

\_\_\_\_\_  
(Describe)

I did not give consent to anyone to:

\_\_\_\_\_  
(Or list suspect(s) if known)

\_\_\_\_ A. **Enter** my property

\_\_\_\_ B. **Take Possession** of my Property

\_\_\_\_\_  
Property description

\* (list additional on back, if necessary)

\_\_\_\_\_  
Estimated \$ value

\_\_\_\_ C. **Cause Damage or Destroy** my property

\_\_\_\_\_  
Property description

\* (list additional on back, if necessary)

\_\_\_\_\_  
Estimated \$ value

\_\_\_\_ D. **Harass** me

\_\_\_\_ E. Cause **Bodily Harm** to me

\_\_\_\_ F. **Sexual Assault** me

\_\_\_\_ G. **Other:** \_\_\_\_\_

The incident occurred at: \_\_\_\_\_ : \_\_\_\_\_ am/pm, \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State)

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name (first, middle, last): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_ Alt Phone: ( \_\_\_\_\_ ) - \_\_\_\_\_

Officer: \_\_\_\_\_ Complaint #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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List of Property Stolen / Damaged:

(use additional sheets if necessary)

Item Approximate Value


Total Loss: \_\_\_\_\_