



**Perkins Township Police
Lost Cellular Telephone Report**

(This form is only to be used if NO unauthorized use of the cellular telephone is being reported)

Date: _____ CR#: _____

Date of loss: _____

Location of loss: _____

Name: _____

Address: _____

Date of birth: _____ OL#: _____ State: _____

Race: _____ Sex: _____ Home telephone #: _____

Work telephone #: _____ Cellular telephone #: _____

Cellular Provider/Carrier: _____

Make/Model of cell phone: _____

Circumstances of loss: _____

WARNING: Persons intentionally falsifying information on this official document may be prosecuted under ORC 2913.31 of the Ohio Revised Code.

Signature: _____ Date: _____

Police Department witness: _____