



City of East Providence
DEPARTMENT OF POLICE
750 WATERMAN AVENUE
EAST PROVIDENCE, RI 02914-1723
TELEPHONE (401) 435-7600



Required Information for Prosecution of Bad Check(s) Case#07-_____-OF

1- Complainant/Business Information (please print clearly)

Full Name _____

Full Address _____

Telephone # _____

2- Full Name of Person accepting the Check _____

Address _____ D.O.B. _____

Title _____ Check Date _____

3- Type of Identification Used _____ ID # _____

4- Bank drawn on _____ Check # _____

5- Made Payable to _____

6- Name Passed by _____ D.O.B. _____

Address _____ City/State _____

Phone # _____

7- Date Seven Day Notice was Mailed by Certified Mail _____

8- Attached Signed Statement by the person accepting the suspect identification.

Suggested language;

“Cashier/Clerk was working at Location on Date/Time. I received a check in the amount of Amount. The person handed me a Type of ID. The picture on the ID matched the person giving me the check. The person signed their check and I wrote the ID number from their identification, which was ID Number across the top of their check.”

INCOMPLETE FORMS/STATEMENTS WILL NOT BE ACCEPTED!!!