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# Twisp Police Department

*Police Chief Paul D. Budrow*

*Admin. Asst. Vicki Hallowell*

## NSF and Account Closed Check Complaint Form

Fill out completely and legibly; one check per form; attach original check along with certified letter and receipt.

Company or person receiving check: \_\_\_\_\_

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

Reporting Party: \_\_\_\_\_ Address: \_\_\_\_\_

Position in Company: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name of Person Accepting Check: \_\_\_\_\_

Position in Company: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Can you identify the check writer \_\_\_\_\_ (Y N)

### Check Information

Name of check writer: \_\_\_\_\_ Address: \_\_\_\_\_ State: \_\_\_\_\_

I.D. Given: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone#: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Written: \_\_\_\_\_ Amount: \_\_\_\_\_ Post Dated?: \_\_\_\_\_

What attempts have been made to contact writer? Specify by phone, mail, or in person,

\_\_\_\_\_

What was the response? \_\_\_\_\_

Have any arraignments been made to redeem the check? \_\_\_\_\_

If so, what \_\_\_\_\_