



PO Box 278
118 S Glover Street
Twisp WA 98856
509-997-6112
509-997-9204 - Fax

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?: Date _____

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 _____