



RIVIERA BEACH POLICE DEPARTMENT

FUNDS CLAIM & CHECK REQUEST FORM

Claiming property does not ensure it will be returned to you at this time. Property that is still evidence, or is in the process of court forfeiture, will be held until all cases, both criminal and civil, have been concluded.

You must provide a physical government issued photo identification with this check request form.

Date: _____

Riviera Beach PD Case Number: _____

PRINT Claimant's Name: _____

SSN# _____

Cell Phone: (_____) _____

Other Phone: (_____) _____

Street Address

Check Mailing Address (if different from street address)

Check Made Payable To: _____

LIST FUNDS AMOUNT BEING CLAIMED: _____

Verified _____

Subject to penalties of Florida Law. I certify that I am the legal owner of the property being claimed, and further certify that I have not filed an insurance claim and have not received insurance reimbursement for loss of the property.

*Checks are mailed out from the City's Finance Department twice a month.
After check approval has been received it will be mailed at the address stated above on the next check printing.*

Claimant's Signature: _____

Vendor: 88888

G/L: POLICE FORF/CONFISCATE; 216-356000

DEPARTMENT USE ONLY	Case or Incident closed? (Disposition Letter)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Officer Approved Release	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Funds Released To Bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Ready to release to claimant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	PENDING Finance Check Request Form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Complete RMS Updated	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Seized on: _____ Requested Amount _____

DATE FORM RECEIVED: _____

Received By ET Initials & ID: _____

Releasing Officer: _____

Submitted By: _____

Funds Deposit Date: _____

Evidence Supervisor _____

Date

Print: _____