

WAUSAU POLICE DEPARTMENT

USED PROPERTY PURCHASE RECORD

No. _____

SELLER'S NAME (Last, First, M.I.)		RACE	SEX	BIRTH DATE	HEIGHT	WEIGHT	HAIR	EYES
STREET ADDRESS		NAME OF BUSINESS PURCHASING ITEM			PURCHASE PRICE			
CITY, STATE, ZIP CODE		SIGNATURE OF BUYER						
DRIVER'S LICENSE NO.-OTHER I.D. NO. (SPECIFY)		SELLER'S PLACE OF EMPLOYMENT					PHONE NO.	
JEWELRY ITEM <input type="checkbox"/>	<input type="checkbox"/> MENS <input type="checkbox"/> WOMENS	<input type="checkbox"/> RING <input type="checkbox"/> BRACELET <input type="checkbox"/> CHAIN LENGTH _____ OTHER _____	<input type="checkbox"/> YG <input type="checkbox"/> WG <input type="checkbox"/> SILVER OTHER _____		NO. OF STONES _____ COLOR OF STONES _____ INITIALS/INSCRIPTION _____			
FIREARM <input type="checkbox"/>	<input type="checkbox"/> RIFLE - MAKE _____ MODEL _____ CAL. _____ SERIAL NO. _____ <input type="checkbox"/> SHOTGUN - TYPE ACTION: <input type="checkbox"/> AUTO <input type="checkbox"/> PUMP <input type="checkbox"/> BOLT <input type="checkbox"/> OTHER _____							
AUDIO EQUIP. <input type="checkbox"/>	<input type="checkbox"/> TV <input type="checkbox"/> TURNTABLE <input type="checkbox"/> AMP <input type="checkbox"/> RADIO <input type="checkbox"/> CASSETTE <input type="checkbox"/> RECEIVER <input type="checkbox"/> CD PLAYER <input type="checkbox"/> OTHER _____ SERIAL NO. _____ MODEL _____ MAKE _____							
DETAILED DESCRIPTION OF OTHER ITEMS								
BRAND NAME	MODEL NO.	SERIAL NO.	(LIST IDENTIFYING MARKS)					
BRAND NAME	MODEL NO.	SERIAL NO.	(LIST IDENTIFYING MARKS)					
DECLARATION OF OWNERSHIP - IS THE PROPERTY BEING SOLD OWNED BY YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO				FOR HOW LONG?				
IF NOT, NAME OF PROPERTY OWNER				PHONE NO.				
ADDRESS								
SELLER'S SIGNATURE				DATE				
FINGERPRINT (RIGHT THUMB)								