



DEPARTMENT OF POLICE SERVICES

West Haven, Connecticut 06516



Unauthorized Credit Card Transaction Report

Name: _____ Date of Birth: _____

Address: _____

Telephone #'s home and cell: _____

Credit Card Company: _____ Account #: _____

Type of card (check all that apply):

- Credit
- Debit
- Visa
- Master Card
- AMEX
- Discover
- Other

Is the card still in your possession? Yes No

If NO, date card was lost or stolen? _____

Location where card was lost or stolen? _____

Unauthorized Transaction Information

Date	Location/Store/Address	Amount

Please attach a copy of billing statement(s) with contested transactions highlighted

Complainant signature: _____ Date: _____

Once FULLY completed, return to West Haven Police Department for case number assignment

Official Use Only

Case # _____ Investigator: _____

Reviewed by Fraud Unit? _____ Follow up: Yes No

Supervisor/Investigator: _____ Date: _____