

**BAD CHECK INFORMATION REPORT
MACKINAW CITY POLICE DEPARTMENT
102 S. Huron Avenue, Mackinaw City, MI 49701**

BUSINESS/COMPLAINANT INFORMATION

Business Name: _____ Telephone: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Date of Birth: _____

CHECK INFORMATION

Bank: _____ Account No. _____

Date on Check: _____ Amount: _____ Post Dated?: Yes No

Check Payable to: _____ Signed by: _____

Type of Purchase: Goods/Merchandise Services Rendered Other – If other, explain:

Reason Check Returned: NSF – Presented twice? Yes No Account Closed

Other – Explain: _____

INFORMATION ON CHECK PASSER:

Passer's Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver's License/Identification No. _____ State: _____

Second Type of Identification Used: Yes No – Type: _____

PERSON ACCEPTING CHECK:

Name: _____ Date of Birth: _____ Telephone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Know Check Passer: Yes No Check Photo: Yes No Initial Check: Yes No

Can you ID Check Passer: Yes No Is there video/photo available: Yes No

ACTION TAKEN TO CONTACT CHECK PASSER:

Date "Five Day Notice" Sent: _____ Returned Unclaimed: Yes No

Other Attempts to Contact: _____

Any Partial Payment Received: Yes No Other Information: _____

ENTIRE FORM MUST BE FULLY COMPLETED OR CHECK WILL NOT BE ACCEPTED FOR PROSECUTION