

PROPERTY RECEIPT
MACKINAW CITY POLICE DEPARTMENT
102 S. Huron Avenue, Mackinaw City, MI 49701

COMPLAINT NO. _____

INCIDENT DATE: _____

I, _____, received from the Mackinaw City Police Department the below listed item(s). I take this (these) item(s) into my care and do not hold the Mackinaw City Police Department or any officer thereof responsible for it (them) in any way.

ITEM(S): _____ _____ _____ _____ _____ _____ _____ _____ <p style="text-align: center;"><i>Use reverse if more space is needed.</i></p>

Signature

Date

Address

Telephone

Officer Signature

Date

102 S. Huron Avenue
Post Office Box 580
Mackinaw City, MI 49701-0580
(231) 436-7861