

REFRAISED ONLY

CUSTOMER INFORMATION

TOW #: 1454083
DATE: 06-05-10
CLERK ID: 3

NAME: MIGUEL SANDOVAL
ADDRESS: 3840 AS. WHITNALL AVE.
PHONE #: MILWAUKEE WI 53207
(414) 747-4739

PHOTOS TAKEN ☐ YES ☒ NODATE FILED: 06-07-10PHOTOS ATTACHED ☐ YES ☒ NOALL FORMS COMPLETED ☐ YES ☐ NO

***Complaint must be signed by citizen completing form

CITIZEN'S STATEMENT

4A3AJ56GOWE 10686412485060550R8052RA0025AUTO WHITE 4 PUERTAS367KMP1998 MITS. GALANT

CITY OF MILWAUKEE
RECEIVED
2010 JUN 11 PM 3:07
OFFICE OF
CITY ATTORNEY

CITY OF MILWAUKEE
2010 JUN 10 PM 12:08
RONALD D. LECHMAN
CITY CLERK

Miguel Sandoval
***SIGNATURE

6-7-10
DATE

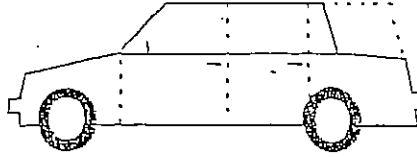
-OVER-

FRONT

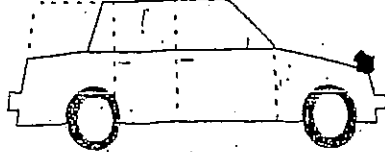
BACK



DRIVER'S SIDE



PASSENGER'S SIDE



44-286-2221

File a claim for *DAMAGE TO or THEFT FROM* your vehicle, Write a detailed letter and send to:

CITY CLERK'S OFFICE,
200 EAST WELLS STREET
CITY HALL, ROOM 205
MILWAUKEE, WI 53202
414-286-2221

TO USE ONLY

INVESTIGATION RESULTS

NOTE TO: ☐ D. LAWRENCE ☐ L. BLACK ☐ RETURN TO LINDA

SIGNATURE:

DATE:

Formstowlot/complaintandinvestigationform/revised: 07/06 lmb