

BUSINESS RESTITUTION STATEMENT

DEFENDANT: _____ CASE #: _____

CO-DEFENDANT: _____ CASE # _____

INCIDENT DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____ CELL/MESSAGE PHONE NUMBER: _____

DO YOU PLAN TO MAKE A CLAIM TO YOUR BUSINESS INSURANCE CARRIER: () YES () NO

BUSINESS OWNER'S INSURANCE COMPANY

AGENT: _____ CLAIM# _____

ADDRESS: _____ PHONE# _____

BUSINESS OWNERS' DEDUCTIBLE: \$ _____

BUSINESS OWNERS' INSURANCE CLAIM TOTAL: \$ _____

**** WE ASK FOR THIS INFORMATION TO GET THE INSURANCE COMPANY REIMBURSED****

PLEASE LET OUR OFFICE KNOW IF THERE WAS ANY:

- () PROPERTY LOSS
- () PROPERTY WAS RECOVERED
- () PROPERTY WAS DAMAGED
- () PARTIAL PROPERTY WAS RECOVERED

IF THERE WAS DAMAGE OR A LOSS OF PROPERTY THAT WILL NOT BE RETURNED BY THE LAW ENFORCEMENT AGENCY, PLEASE COMPLETE THE BOX BELOW WITH THE INFORMATION THAT PERTAINS TO THE CRIME.

| ITEM DESCRIPTION | FAIR MARKET VALUE |
|------------------|-------------------|
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| | |
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| | |

TOTAL AMOUNT OF RESTITUTION: \$ _____

YOU MUST INCLUDE COPIES OF ANY RECEIPTS, OR FAIR MARKET VALUE OF LOSSES FOR RESTITUTION REQUEST

I AFFIRM UNDER THE PENALTY OF PERJURY THAT THE FOREGOING REPRESENTS THE ACTUAL LOSSES SUFFERED BY MY BUSINESS AS A RESULT OF THIS INCIDENT

DATE: _____ SIGNATURE: _____

PLEASE RETURN FORM 1 OF 4 WAYS:

- 1.) MAIL TO: VICTIM ADVOCATE, IOSCO COUNTY COURTHOUSE P.O. BOX 548, TAWAS CITY, MI 48764
- 2.) EMAIL: fellis@ioscocoounty.org
- 3.) FAX: (989) 984-1106
- 4.) DROP OFF: PROSECUTING ATTORNEYS OFFICE, 422 W. LAKE ST. TAWAS CITY, MI 48763