

**DERRY POLICE DEPARTMENT  
BAD CHECK  
(Appendix C)**

Please complete the following when reporting a bad check.

**PERSON MAKING REPORT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**PERSON OR BUSINESS THE CHECK WAS MADE PAYABLE TO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**PERSON WHO ISSUED THE CHECK:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

The person who passed the check must be sent a certified letter, return receipt, informing him/her that the check was not honored, giving him/her 14 days to pay the check in full.

HAS THE PASSER HAD ANY CONTACT WITH YOU? \_\_\_\_\_

WAS THE CERTIFIED LETTER SENT AND SIGNED BY THE PASSER? \_\_\_\_\_

**PERSON WHO ACCEPTED THE CHECK:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

WHERE WAS THE CHECK ACCEPTED? \_\_\_\_\_

The person who accepted the check must be able to identify the passer and be available to testify in court.