



FAIRFIELD POLICE DEPARTMENT

100 Reef Road
Fairfield, Connecticut 06824

FPD FILE #:

DATE:

THEFT OF GAS COMPLAINT FORM

INSTRUCTIONS: This form is to be completed by the representative of the business wanting the arrest of a person responsible for a theft of gas from said business. Please supply as much information as possible.

COMPLAINANT INFORMATION

BUSINESS NAME		PHONE #:
ADDRESS OF BUSINESS		
COMPLAINANT NAME (Last, First, MI)	COMPLAINANT'S DATE OF BIRTH	COMPLAINANT'S POSITION / TITLE

SUMMARY OF OFFENSE

DATE OF THE OFFENSE	TIME OF THE OFFENSE	
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VEHICLE INFO.	MAKE	MODEL	COLOR	STYLE: (2 door, 4 door, SUV, Van, Pick-Up, Etc)
	LICENSE PLATE:	STATE	OTHER	

SUSPECT INFORMATION	SEX	RACE	APPROX. AGE	CLOTHING DESCRIPTION
	OTHER INFORMATION			
	SUSPECT'S NAME (IF KNOWN)			SUSPECT'S DATE OF BIRTH (IF KNOWN)

I, the above complainant, observed the operator/occupant of the vehicle described above pump fuel into the vehicle and drive off without making any form of payment or attempt to make any form of payment for \$_____ worth of fuel. I am requesting the responsible person(s) arrested and will appear in court if necessary.

I understand that Pursuant to CGS 53a-157, false statements are punishable by law.

SIGNATURE OF THE COMPLAINANT

Subscribed to and sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC / POLICE OFFICER