

BEAUMONT POLICE DEPARTMENT

Signature Authorization Form

Offense Non-Consent

Case Number: _____ Date: _____ Officer: _____

Offense Of: _____

I did not give anyone permission to commit the above described offense against myself and/or property under my control. I do wish to file charges. My relationship to the above described is:

Owner Bailee Manager Tenant Other

Print Name: _____ Signature: _____

Email: _____

AUTO THEFT/UNAUTHORIZED USE OF MOTOR VEHICLE

STATEMENT OF NON-CONSENT

Case Number: _____ Date: _____ Officer: _____

I, _____ of, _____
Print full Name *Print Address*

am the owner of the following described motor vehicle:

Year _____ Make: _____ Model: _____ Color: _____

License State: _____ License Number: _____ Vin Number: _____

I am making this statement to a peace officer who is conducting a criminal investigation and I know that this statement is material to that investigation. The above described motor vehicle, which I own, was taken without my permission or consent, from

_____ on _____
Location/Address *Date*

I did not give anyone, including _____, permission to take and/or operate the above described motor vehicle.

I agree to **fully cooperate** with the Beaumont Police Department and/or any other governmental agency in any investigation and/or prosecution related to the unauthorized taking/operating of my motor vehicle.

I understand and acknowledge that it is a Class B misdemeanor (punishable by a fine not to exceed \$2,000, confinement in jail for a term not to exceed 180 days or both such fine and confinement) for anyone, with intent to deceive, to knowingly make a false statement to a peace officer conducting a criminal investigation when the statement is material to the investigation. I further understand that this document is a **government record** and that a person commits an offense if he knowingly makes a false entry in, or false alteration of a government document. The penalty for that offense may be a Class A misdemeanor or a felony, depending on circumstances related to the intent of the person making the false entry in or false alteration of the government record.

All the information on this document is true and correct.

Officer/Witness Signature: _____ Owner's Signature: _____

Email: _____

MISSING PERSON AUTHORIZATION

Case Number: _____ Date: _____ Officer: _____

Missing Person's Name: _____ DOB: _____

Address: _____ Phone Number: _____

N.C.I.C. Entry Reason: _____

Reporting Person's Printed Name: _____ Signature: _____

Email: _____