

# Oconomowoc Police Department

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RON BUERGER  
SPSC193  
Chief of Police  
Director of Public Safety

## VICTIM RESTITUTION FORM

This form must be returned within 10 days of you reporting this offense to City of Oconomowoc Police Department. If you fail to return this form within the 10 days, you will not receive restitution in court for your loss. If you are unable to report the exact amount of your losses within ten days you must submit this form with an estimated amount and then follow up prior to the suspect's court date to ensure restitution.

**IR NUMBER:** \_\_\_\_\_

Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Best Time: AM PM

### PROPERTY DAMAGE/LOSS

List each item and the amount being claimed. Include copies of bills or estimates.  
Please do not include undamaged recovered items.

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Use other side for additional items

### OUT-OF-POCKET EXPENSES

List any medical, counseling, or other out-of-pocket expenses

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Use other side for additional items

### INSURANCE INFORMATION

Please call your insurance company for this information

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Agency Name / Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Deductible you have paid: \$ \_\_\_\_\_ Amt paid by insurance: \$ \_\_\_\_\_

### NOTARIZATION

\_\_\_\_\_, being first duly sworn on oath says and states the above in support of my claim for restitution.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_\_  
Signature

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration