



# RIVIERA BEACH POLICE DEPARTMENT

## REQUEST OF PROPERTY CLAIM FORM

Claiming property does not ensure it will be returned to you at this time. Property that is still evidence, or is in the process of court forfeiture, will be held until all cases, both criminal and civil, have been concluded.

**You must provide a physical government issued photo ID with this form and when picking up any property. Proof of ownership must accompany this form in the registered owner's name, without claims not processed.**

DATE: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ ALTERNATE PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

### LIST PROPERTY BEING REQUESTED

**FIREARM claims include: serial numbers, receipt or proof of ownership AND complete red section below.**

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_

**Subject to penalties of Florida Law. I certify that I am the legal owner of the property being claimed, and further certify that I have not filed an insurance claim and have not received insurance reimbursement for loss of the property.**

*Once you are notified that the property is ready for pickup, you have ten (10) days to pick up said property or the property will be considered abandoned and disposed as per Florida Statute.*

**Claimant's Signature:** \_\_\_\_\_

**18 U.S.C 922(g) & (n) defines those prohibited from possessing firearms.**

**SELECT ONLY FIREARM RETURN REQUESTS - ANSWER QUESTIONS BELOW**

Have you been convicted of a felony?	Have you renounced US Citizenship?
Are you a fugitive from justice?	A military Dishonorably discharged?
Are you a drug user or addict?	Currently subject to a restraining order
Have you ever been convicted of domestic violence?	Are you illegally or unlawfully in the US?
Have you been adjudicated mentally defective, or committed to a mental health institution?	

**REQUESTING FIREARM RETURN Signature:** \_\_\_\_\_

**DEPARTMENT USE ONLY**

YES	NO	Case closed? (Disposition Letter)	DATE RECEIVED: _____
YES	NO	NCIC/FCIC serial number check completed?	ET Initials & ID: _____
YES	NO	Palms/NCIC/FCIC history on claimant?	Claimant Notified: Date: _____ Time: _____
YES	NO	FDLE Firearm Eligibility Approved?	Scheduled: _____
YES	NO	Ready to release to claimant?	
YES	NO	Removed from system & COMMO notified?	