

EQUIPMENT THEFT NOTICE

FAX or E-mail Completed Form To:
**Engineering Contractors
Association of S. FL**

9900 Stirling Rd., Ste 214
Cooper City, FL 33024
Fax: 954-437-7916
E-mail: eca@ecasf.org

Date: _____

Type of Equipment Stolen: _____

Priority: () Critical () Urgent () Routine ()

Contact Name: _____

Telephone : _____

Company/Owner Name: _____

Address: _____

Law Enforcement Agency Reported To: _____ Case # _____

Contact Name: _____ Telephone #: _____

Date Of Loss: _____ Time of Loss: _____ AM/PM

(Or between Date/Time) _____

Location of Loss: _____

Vehicle Make/Model: _____ Number of Axles: _____

Year & Color: _____ VIN #: _____

Style (Cab-over, straight, sleeper, flatbed, etc.): _____

Vehicle License Plate #: _____ Value of Equipment \$ _____

Company Vehicle ID Numbers (Include Location): _____

Other Special Markings or Features: _____

Description of Cargo & Approx Value: _____

Engine make, size, & serial #: _____

Transmission make, model (# of gears) and serial #: _____

Additional Information: (suspect if known): _____
