



Michigan Infrastructure & Transportation Association

EQUIPMENT THEFT NOTICE

DATE: _____

TYPE OF EQUIPMENT STOLEN: _____

COMPANY: _____

CONTACT PERSON: _____ PHONE: _____

DATE OF LOSS: _____ TIME OF LOSS: _____ AM OR PM

LAW ENFORCEMENT AGENCY REPORTED TO:

CASE NUMBER: _____ LOCATION OF LOSS: _____

VEHICLE MAKE/MODEL: _____ NUMBER OF AXLES: _____

YEAR AND COLOR: _____ VIN #: _____

STYLE: _____ VEHICLE PLATE #: _____

APPROXIMATE VALUE: \$ _____

OTHER SPECIAL MARKINGS OR FEATURES:

ADDITIONAL INFORMATION:

PLEASE FAX TO MITA: (517) 347-8344