



MAYVILLE POLICE DEPARTMENT

25 South School Street P.O. Box 208 Mayville, WI 53050 (920)387-7903 FAX: (920)387-7918

NO CONSENT FORM

BURGLARY

I, _____, state that I am in lawful possession of _____ located at _____, County of _____, State of Wisconsin, and that I did not consent to have anyone enter said _____ on _____.

Amount of restitution \$ _____ consisting of _____ and I desire to go forward with prosecution.

Signed: _____ Email: _____

Address: _____ Phone: _____

Witness: _____ Witness: _____

ARSON / THEFT / CRIMINAL DAMAGE/ OWOC

I, _____, state that I am the owner of _____ and that I did not consent to have anyone take & carry away / damage / operate said property on _____. Amount of restitution \$ _____ consisting of _____ and I desire to go forward with prosecution.

Signed: _____ Email: _____

Address: _____ Phone: _____

Witness: _____ Witness: _____

BATTERY

I, _____, state that I received bodily injury in the form of _____ and that I did not consent to the battery which caused said injury, and I desire to go forward with prosecution.

Signed: _____ Email: _____

Address: _____ Phone: _____

Witness: _____ Witness: _____

SEXUAL ASSAULT / FALSE IMPRISONMENT

I, _____, state that I did not consent to:

☐ sexual intercourse ☐ sexual contact ☐ confinement / restraint by _____

on _____ at _____, County of _____, State of Wisconsin, and I desire to go forward with prosecution.

Signed: _____ Email: _____

Address: _____ Phone: _____

Witness: _____ Witness: _____