

FOR	GOVERN	MENT	AGENCY	USE	ONL	V
LOK	GOVERN	MT TO 14 T	AGENCI	UGE	OND	

DATE CLAIM RECEIVED: _____

CLAIM FILED TIMELY? Y | N |

SEIZED ASSET CLAIM FORM

Name:		
Address:		Telephone No. ()
Agency Ca	se No.:	
Seizure No	. :	
PART	II City & State of Seizure:_	
items, forth.	, such as serial numbers, mak	an interest. Include sufficient information to identify the see and model numbers, tail numbers, photographs, and so on the back of the form. You may attach additional sheets
1		
2		
3		
PART	ΤΙΙ	
suppo regist:	rt your claim of interest is rations, bills of sale, receipts	of property listed above. Please provide any documents that in these items. Supporting documentation includes titles is, etc. Additional space is provided on the back of the form of paper if more space is needed.

PART I (continued)		
7		
8		
9		
10		
11		
12		-
PART II (continued)		
PART III ATTESTATION AND OATH		
	of perjury that my claim to this property is not frivo upport of my claim is true and correct, to the best of	
Name (Print)	Date	
Signature	_	

A FALSE STATEMENT OR CLAIM MAY SUBJECT A PERSON TO PROSECUTION UNDER 18 USC \S 1001 AND/OR 1621 AND IS PUNISHABLE BY A FINE AND UP TO FIVE YEARS IMPRSONMENT.