

IN THE STATE OF WYOMING, COUNTY OF NATRONA
 CITY OF CASPER, MUNICIPAL COURT



CITY OF CASPER,)
 Plaintiff,)
 vs.)
) ss
)
 Defendant.)

Docket No. _____

RESTITUTION REQUEST

List the value and/or damage of each property item. (Attach estimates or receipts. Attach another sheet if necessary.)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

My losses/damages (were) / (were not) covered by insurance. (*Circle one*)

Name of insurance company: _____

Amount of deductible and / or uninsured loss: \$ _____

Claim No.: _____

An insurance claim has been submitted but has not been paid.

I state the above losses were incurred, or the above property was damaged, stolen or destroyed by Defendant.

I declare under penalty of perjury that everything I have stated in this document is true and correct.

Dated: _____

 Signature

Mailing Address: _____

 Printed Name

