

# BEAUMONT POLICE DEPARTMENT

## Signature Authorization Form

Original Copy to Records Management

### OFFENSE NON-CONSENT

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Offense Of: \_\_\_\_\_

I DID NOT GIVE ANYONE PERMISSION TO COMMIT THE ABOVE DESCRIBED OFFENSE AGAINST MYSELF AND/OR PROPERTY OWNED OR UNDER MY CONTROL, AND I DO WISH TO FILE CHARGES. MY RELATIONSHIP TO THE ABOVE DESCRIBED IS:

Owner     Bailee     Manager     Tenant     Other

Complainant's Signature: \_\_\_\_\_

Please return this form to the Beaumont Police Department Records Management Office,  
255 College, Beaumont, Texas. Mailing address is P.O. Box 3827 Beaumont Texas, 77704.