



Shop Theft Release Program

Fax Transmittal

Date (YYYY-MM-DD)	
Time (hh:mm AM/PM)	

To	Fax No.
Company/Department	
Location	

From	Fax No.
Company	Phone No.

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Culprit Name
LPO Name
Date of Apprehension
Store Location
Comments

Please Call Sender to Confirm Receipt Yes No

Total number of pages, including covering page

Note: If you do not receive all the pages, or require information, please call, _____ ext. _____