Schedule 4

Regional Municipality of Niagara
Police Services Board

LICENCED WRECKING OR SECOND-HAND STORE'S REPORT

Business Name: _____

Business Address:_____

Name and Address of Person Selling/Disposing of Goods	Age	Two Pieces of Identification Type Shown and Number	Description of Property Received: Make, Model, Detailed Identifying Description	Serial Number(s)	Date/Time Received	Amt. Paid