

## *Cover Sheet*

Please read the GUIDEBOOK before completing this form. Incomplete or improperly prepared submissions may be returned to you. This form only has to be completed the first time you submit a check to the Bad Check Program, unless you change your address.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Your business name: \_\_\_\_\_

Owner or President of company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Number of checks enclosed: \_\_\_\_\_  
(each check MUST be accompanied by a Witness Form)

Make restitution checks payable to: \_\_\_\_\_

Where should we send your restitution: \_\_\_\_\_

Attention: \_\_\_\_\_

Does your business have more than one location: \_\_\_\_\_

How many locations: \_\_\_\_\_

Headquarters' address: \_\_\_\_\_

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Contact person: \_\_\_\_\_

Fax number: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Type of business: \_\_\_\_\_

If you have any questions concerning this form, or any of the procedures you must follow to submit bad checks to us, please refer to your GUIDEBOOK or call the Bad Check Program, Monday through Friday, 8:00 a.m. to 4:30 p.m., at (520) 740-4100 (excluding legal holidays).