

**DIRECTIONS TO MERCHANT:** If you have mailed the check writer the MAILED CERTIFIED notice letter and have not received a response after ten days:

- (1) Fill this form out completely as soon as a check is returned from the bank.
- (2) Mail this form to the bad check writer by certified mail as soon as it is filled out.
- (3) If you DO NOT receive payment or a response from the check writer, Fill out a complaint sheet form provided.
- (4) Keep your original copy of the check. You will need to provide copies of both sides of check to law enforcement if provided.

**ADDITIONAL COPIES OF THESE FORMS CAN BE OBTAINED FROM THE PROSECUTOR'S OFFICE, LOCAL LAW ENFORCEMENT DEPARTMENTS, SHERIFF'S OFFICE RECORDS DIVISION OR THE SHERIFF WEBSITE: [WWW.SANILACCOUNTY.NET/SHERIFF](http://WWW.SANILACCOUNTY.NET/SHERIFF)**

## SANILAC COUNTY SHERIFF'S OFFICE

### NOTICE LETTER

TO: \_\_\_\_\_ DATE NOTICE LETTER SENT: \_\_\_\_\_  
(Name of Check Issuer/Passer)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**THE CHECK DESCRIBED BELOW HAS BEEN DISHONORED:**

Instrument/Check Number: \_\_\_\_\_ Instrument/Check Date: \_\_\_\_\_

Originating Institution, Bank or Other Drawee: \_\_\_\_\_

Amount: \_\_\_\_\_ Payable To: \_\_\_\_\_

Reason For Dishonor  
(marked on  
Instrument): \_\_\_\_\_

**Pursuant to Michigan Complied Laws 750.132:** Unless this amount is paid in full within **FIVE DAYS** from receipt of this notice the holder may assume you delivered the instrument **with the intent to defraud** and may turn over the dishonored instrument and all other available information relating to this incident to the police and prosecutor for prosecution.

CHECK AMOUNT: \_\_\_\_\_ VICTIM NAME(PRINTED): \_\_\_\_\_

FEE AMOUNT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TOTAL OWED: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

VICTIM SIGNATURE: \_\_\_\_\_