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LAPTOP REGISTRATION FORM

CONTACT INFORMATION FIRST NAME LAST NAME **ADDRESS** CITY/TOWN STATE ZIP CODE TELEPHONE NUMBER CLASS YEAR Student Faculty Staff **LAPTOP INFORMATION** MAKE MODEL Number or Name Serial Number (Required Data) Color (Required Data) Other identifiable markings **OWNER SHIP CONFIRMATION** I attest that the above described property is owned by me.

Registering property of another, as your own, is criminal conversion and subject to significant penalties.

Signature: _____ Date: _____

Please be certain all fields are properly filled out. Print the form and drop it off at one of the campus police stations or mail it to:

Massasoit Police Department

1 Massasoit Boulevard

Brockton, MA 02302