



P.O. Box 4682, Columbus, Georgia 31914
Office: 706-689-0850 Fax: 706-689-9999
Support@RCIHQ.com

Date of Incident: _____ Date Complaint Filed: _____

Name and title of person filing complaint: _____

Name of Vehicle Owner (If different from person filing complaint): _____

Lienholder: _____

Vehicle Year, Make, Model: _____

VIN: _____

Nature of Complaint: _____

Resolution Desired: _____

Affiant affirms that he/she has read and understands the following notices:

1. A police report will be required before any claim for missing personal property is processed. It is a criminal offense to file a false police report.
2. If the lien holder of the repossessed collateral is a bank or credit union, they are insured by an agency of the federal government and filing a false claim involving a federally insured institution is a violation of federal law and may be investigated by the Federal Bureau of Investigation or other federal law enforcement agency.
3. Filing a false statement before a notary public is a criminal offense, punishable under applicable laws of this state.
4. Recovery Columbus, Inc. reserves the right to file a complaint in a court of proper jurisdiction for damages resulting from a false claim.
5. In the event that Recovery Columbus, Inc. is determined to be "at-fault," our liability will be limited to not more the pre-recovery condition of the situation being made the subject of this complaint.

Affiant/Complainant: _____

Address: _____

(CITY) (STATE) (ZIP) (PHONE)

Notary Signature: _____

Sworn to and subscribed before me this _____ day of _____, 20____