Certified mail

Return Receipt

Date:				
To:				
		_		
On	you	issued		_ a BAD
CHEC	K#	_ in the amount of	, dated	·
	ecticut Penal Code 53a-128.		of "Issuing A Bad Check", in v	
		Truly, Yours,		
		Complainant's signature		
		Name of Business		_
		Address		_
		Town		-
cc:	Brookfield Police Departm	nent		
	63 Silvermine Road			
	Brookfield, CT 06804			