

Recovery Manager
725 S. Nova Rd #101
Ormond Beach, FL 32174
Office: (386) 676-9817 - Cell: (386) 527-3062

Field Report

Case #: 03-12002

Date: _____ **Time:** _____ AM PM **Completed By:** _____

Client: Recovery Manager **Phone Work Requested?** YES NO

Vehicle / VIN#: 2007 Mitsubishi Eclipse - 4A3AK34T17E004876 **Mileage:** _____

Debtor Name: Customer, Joe & Customer, Mary **Account Number:** 123456789
1608 N Us 1
Ormond Beach FL 32174

House Apartment Condominium Town House Farm Other _____

PARKING: Garage Lot Street
 Underground Driveway Other _____

DISPOSITION: Fenced In Address Vacant Vehicle Not Worth Repossessing

Vehicle Did Not Show Vehicle Not in Area Type of Vehicle _____

Security / Dogs Blocked In Name (On) (Not On) Mailbox / Bell

Lic. Plate # Address Non-Existent Other _____

DOOR KNOCKED:

Stops By Occasionally Skipped Out Moved Other _____

EXPLANATION: _____

EMPLOYMENT: Verified Terminated On _____ Sick Leave From _____

PARKING: Garage Lot Street
 Underground Driveway Other _____

REMARKS: _____

