

SECURITY ALERT

TRA Bulletin

Please mail or email the completed alert using the contact information below.

Your Information

*All fields required

ARA member ID #: _____ Phone: _____
Company name: _____ Address: _____
Contact: _____ City: _____
Email: _____ State: _____

Theft Description

*Certified letter or case number required

Description of equipment
taken/reason for report: _____

Outstanding balance owed: _____ Certified letter sent date: _____
Replacement cost of equipment: _____ Case #: _____
Date of loss: _____ Officer name: _____

Suspect Information

*Please be as thorough as possible.

Name: _____ Height: _____ Weight: _____ Race: _____
Business name: _____ Sex: _____ Hair: _____ Eyes: _____
Address: _____ Age: _____
City: _____ Vehicle Information:
State: _____ Zip code: _____ Make: _____ Model: _____ Color: _____
Phone: _____ License Plate #: _____ State: _____
Date of birth: _____
Age: _____
Drivers license #: _____
Other ID: _____



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