HARTFORD POLICE DEPARTMENT
812 VA Cutoff Road
White River Jct., VT 05001
Phone: 802-295-9425 Fax: 802-295-5146

Incident #: _____

VOLUNTARY STATEMENT

PERSON GIVING STATEMENT _____ DATE OF BIRTH_____

ADDRESS _____ TELEPHONE NO._____

EMAIL ADDRESS_____

I, _____, believe the following statement is true and correct to the best of my knowledge and belief and I make this statement subject to penalties of perjury.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Subscribed and sworn to before me on
this _____ day of _____, 20__.

_____
Notary Public

_____
Declarant

_____
Date

Hartford Police Department **Incident #: _____**

VOLUNTARY STATEMENT

Subscribed and sworn to before me on
this _____ day of _____, 20__.

_____
Notary Public

_____
Declarant

_____
Date