## **VOLUNTARY STATEMENT FORM**

Sedro-Woolley Police Department 325 Metcalf Street Sedro-Woolley, WA. 98284 (360) 855-0111 FAX (360) 855-0196

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Case #	

STATEMENT FROM:			
Name: (Last/First/MI)	r r vy v i voren	Date of Birth://	_ Sex: M / F
Home Address:	City:	State:	Zip:
Work Address:	City:	State:	Zip:
Home Phone:	_ Work Phone:	Other Phone:	
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BY SIGNING THIS DOCUMENT, I CE LAWS OF THE STATE OF WASHING FURTHERMORE, I AM ALSO AWAR SERVANT IS A CRIME (RCW 9A.76.	GTON, THAT THE FOREGOI E THAT MAKING A FALSE C	NG STATEMENT IS TRUE AN OR MISLEADING STATEMENT	D CORRECT.
(WITNESS)	_	(SIGNATURE)	ent Page of