VOLUNTARY STATEMENT FORM CASE#_____

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

Name: (Last/First/MI) _____ Date of Birth: ____/____/____ Sex: M / F

Home Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date: ____/____/____ Time: _____

BY SIGNING THIS DOCUMENT, I CERTIFY (OR DECLARE), UNDER THE PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF WASHINGTON, THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT. FURTHERMORE, I AM ALSO AWARE THAT MAKING A FALSE OR MISLEADING STATEMENT TO A PUBLIC SERVANT IS A CRIME (RCW 9A.76.175) WHICH IS PUNISHABLE IN A COURT OF LAW.

_____
(SIGNATURE)