NAPAVINE POLICE DEPARTMENT

STATEMENT FORM

DATE:_____ **TIME:**_____ **CASE NUMBER:**_____

NAME:_____ **DOB:**_____

ADDRESS:_____ **PHONE:**_____

CITY:_____ **STATE:**_____ **ZIP:**_____

I, _____hereby make the following statement:

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I HAVE READ THE ABOVE STATEMENT AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

X

WITNESS

X

SIGNATURE