ASOTIN POLICE DEPARTMENT

Voluntary Statement Case #

NAME:_____ DOB:_____ PHONE: (____)____-_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP:_____

I VOLUNTEER THE FOLLOWING INFORMATION ON MY OWN FREE WILL FOR WHATEVER PURPOSE IT MAY SERVE:

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(continue on back)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing information is true and correct to the best of my knowledge and belief.

Signed in Asotin County, or _____ *, Washington on* _____
City/County **Date**

Signature:_____ Witness:_____

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