Poulsbo Police Department

367 NE Hostmark St. / P.O. Box 98
Poulsbo, WA 98370
Ph: (360)779-3113 Fax: (360)779-4433

Case Number:_____

VOLUNTARY STATEMENT

Name:_____ Date of Birth: _____
Last First Middle

Home Address: _____ Home Phone: _____
Street City State Zip

Work Address: _____ Work Phone: _____
Street City State Zip

I, _____, declare the following statement was made freely and voluntarily without threats or promises of any kind.

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I, _____, declare under the penalty of perjury of the laws of the State of Washington the above statement is true and correct

Date: _____

Place: _____

Signature: _____