WARRENTON POLICE DEPARTMENT

225 S. Main Ave. / P.O. Box 250 Warrenton, OR 97146 503-861-2235 Fax- 503-861-2863

VOLUNTARY STATEMENT FORM

	CASE NUMBER:		
DATE:	IN THE		
PLACE:	7		THE PLANTS
TIME:			Committee of the commit
(print name of person making statement)	, date of birth,	(print)	_make the following statement by: (check one
			A
☐ To Officer	, a police	officer for the Cit	ty of Warrenton, Oregon.
☐ By filling out this voluntary	statement form and	turning it in to po	olice department staff, mailing the form in, or
leaving the form in the dro	p box at the police d	epartment.	
This statement is made to the best of r	my <mark>knowledge and b</mark> e	elief and is made	e freely and voluntarily.
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day of (Mor	nth) (Year	r) **	Signed:
(Day Humber) (IMOI	(Year		
Witness			ddress:
Witness:(Signature)			Phone:
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