LAVERKIN CITY POLICE DEPARTMENT

CHIEF LLOYD WATKINS

VOLUNTARY STATEMENT OF FACTS

NAME_____

ADDRESS_____

CITY, STATE, ZIP_____

PHONE (HOME)_____ WORK_____ CELL_____

DATE OF BIRTH_____ AGE_____

DRIVERS LICENSE _____

GOVT. IDENTIFICATION_____

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READ CAREFULLY: By signing this statement you hereby certify all statements made are true and correct to the best of your knowledge. Additionally, this statement may be used at Court proceedings. If you make a false statement which you do not believe to be true, you may be subject to a criminal penalty.

_____ _____

Signature Date