WILMINGTON POLICE DEPARTMENT

2 East Main Street, P.O. BOX 217
Wilmington, Vermont 05363
802-464-8593

STATEMENT

Page _1_ of ___

Case number
_____
Officer assigned
_____

******PLEASE PRINT CLEARLY******

Name: (First)_____ (M.I.)_____ (Last) _____ **D.O.B:** _____

Legal address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Mailing address: (Street) _____ (City) _____ (State) _____ (Zip) _____

Local address: *(If different then above)* _____

Telephone: (H) _____ (C) _____ (Wk)_____

I _____, **of my own free will** and accord and without any **threats**, **promises** or **inducements** of any kind made against or to me by any person hereby **swear** under the **penalty of perjury** that I have personal knowledge of the following facts and this statement is **true** to the best of my knowledge and belief:

_____

_____

_____

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_____

_____

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_____

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_____

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_____

_____

_____ **Check box if statement is continued on another page** ☐

Subscribed and sworn to before me on

this _____ day of _____ 20_____

_____
(Affiant)

_____
(Notary Public/ Judicial Official)

_____
(Date)

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Statement continued from previous page…

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