COLFAX POLICE DEPARTMENT

400 North Mill Street • Colfax, WA 99111 • (509) 397-4616

Statement Form

Case:

Statement of:

Name: _____
Last First Middle Date of Birth

Address: _____
Street City State ZIP

Phone: _____ **E-mail:** _____

Location of Incident: _____ **Driver's License #:**_____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":

Date: _____ **Signed:**_____

Location:_____ **Witnessed By:** _____