Kalama Police Department

Statement Form

STATEMENT OF: _____ CASE #: _____
First Middle Last

ADDRESS: _____ TODAY'S DATE: _____
POB and Physical

TELEPHONE: _____ DATE OF BIRTH: _____

I, _____, have read or have had read to me the above statement, and I do certify it to be true and correct under penalty of perjury under the laws of the State of Washington, (RCW 9A.72.085)

Dated at _____, Washington, _____ 200___.
Location

Signature: _____

Witness: _____