COLUMBIA CITY POLICE DEPARTMENT
STATEMENT FORM

NAME_____ DATE_____FILE #_____

DATE OF BIRTH_____ CASE OF:_____

DL#_____ PAGE NO._____ OF _____ PAGES

EMPLOYER_____ EMPLOYER PHONE_____

EMPLOYER ADDRESS_____ CITY_____STATE_____

THE ABOVE STATES THAT

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HEREBY CERTIFY THAT THE FOREGOING VOUNTARY INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

WITNESS_____ SIGNED_____

WITNESS _____ PHYSICAL ADDRESS_____

MAILING ADDRESS_____

PRIMARY PHONE #_____SECONDARY PHONE #_____