SELIGMAN POLICE DEPARTMENT
VOLUNTARY STATEMENT

Official Use Only
Case #:
Officer & DSN:

Name (Last, First, Middle)			Date of Birth	Social Security #	
Resident Address (Number & Street)			City	State	Zip Code
Date	Time	Location/Area		Phone #	

I DO SOLEMNLY SWEAR OR AFFIRM THAT THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature:_____ Date: _____