



TOMAH POLICE DEPARTMENT

819 Superior Avenue
Tomah, WI 54660
PH: (608) 374-7400

Case # _____
Officer # _____

VOLUNTARY STATEMENT FORM

IDENTITY OF PERSON MAKING THIS STATEMENT	PLEASE PRINT FULL NAME		

	(LAST, FIRST, MI)		
	DATE OF BIRTH	SOCIAL SECURITY NUMBER (Optional)	PHONE NUMBERS
RESIDENCE ADDRESS, CITY, STATE, ZIP CODE		HOME: _____	
Occupation / Place of Employment		CELL: _____	
		WORK: _____	

STATEMENT	
PAGE ____ OF ____	

LACK OF CONSENT - (Check Appropriate Box Below)

- On said date, property was stolen, damaged or entered without my consent or permission.
- On said date, I was physically hurt and did receive pain without my consent or permission.

By my signature below, I attest that the information in this statement and consent form is true and correct to the best of my knowledge.

SIGNATURE: X **DATE:** _____ **TIME:** _____

