

Menomonie Police Department Voluntary Statement

Date: _____ **Time:** _____

Name: _____ **Phone:** _____

Address: _____

Date of Birth: _____ **Officer(s):** _____

Statement Taken At: _____ **Incident No.:** _____

Did you give anybody permission to commit this crime against you? **No** **Yes**

Number of Pages: _____ **Signed:** _____

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