ASOTIN POLICE DEPARTMENT

CHIEF RENZELMAN
CITY OF ASOTIN

Statement Form
Please Print

Today's Date _____ **Time**_____ **Officer**_____

Name _____

Physical Address_____ **Phone #**_____

Mailing Address_____ **Additional Phone #** _____

Date Of Birth_____ **E-mail Address**_____

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This statement was written for me by_____ **at** _____ **request.**
(name) **(name)**

I certify, or declare; under penalty or perjury under the laws of the State of Washington the foregoing is true and correct.

Signed_____ **Date**_____

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