



TOMAH POLICE DEPARTMENT

805 SUPERIOR AVENUE

TOMAH, WI 54660

PH: (608) 374-7400 FAX: (608) 374-7413 E-

MAIL: tomahpd@tomahwi.gov

CASE # _____

OFFICER: _____

VOLUNTARY STATEMENT FORM

PLEASE PRINT FULL NAME		DATE OF BIRTH
E-MAIL ADDRESS	SOCIAL SECURITY NUMBER (OPTIONAL)	PHONE NUMBERS
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		HOME: _____
		CELL: _____
		WORK: _____

WRITTEN STATEMENT

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:** _____ AM / PM

(WRITTEN STATEMENT CONTINUED)

Empty rectangular box for written statement.

LACK OF CONSENT – (Please Check The Appropriate Box Below)

On said date, I was physically hurt and did receive pain without my consent or permission.

On said date, property was stolen, damaged or entered without my consent or permission.

QTY	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE

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:** _____ **AM / PM**