

TOMAH POLICE DEPARTMENT

805 SUPERIOR AVENUE TOMAH, WI 54660

CASE#_	 	
OFFICER		

DATE OF BIRTH

PH: (608) 374-7400 FAX: (608) 374-7413 E-MAIL: tomahpd@tomahwi.gov

OFFICER: _____

VOLUNTARY STATEMENT FORM

PLEASE PRINT FULL NAME

E-MAIL ADDRESS	SOCIAL SECURITY NUMBER (OPTIONAL)	PHONE NUMBERS	
		HOME:	
RESIDENCE ADDRESS	RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		
		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:	TIMF:	AM / PM
			/ 1 141

(WRITTEN STATEMENT CONTINUED)

	LACK OF CON	ISENT – (Please Ch	eck The Appropri	iate Box Below)			
	☐ On said date, I was phys	sically hurt and did re	eceive pain witho	out my consent or permission.			
	☐ On said date, property w	as stolen, damaged o	or entered witho	ut 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.							
				, -	e.		
	TURE: X						

(PLEASE SIGN THE STATEMENT ABOVE)

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