SWORN STATEMENT FORM
WINOOSKI POLICE DEPARTMENT

27 WEST ALLEN STREET, WINOOSKI, VT 05404
(802) 655-0221 Fax: (802) 655-6427

INCIDENT NUMBER: _____ **OFFICER:** _____

NAME: _____ **DOB:** _____

ADDRESS: _____

PHONE: _____ **POB:** _____

DATE: _____ **TIME:** _____

Do you swear the statement you are about to provide is true and accurate to the best of your knowledge and being aware that you are subject to the pains and penalties of perjury.

I, (PRINT NAME) _____, HEREBY SWEAR (OR AFFIRM) THAT THE PRECEDING STATEMENT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

NOTARY PUBLIC: _____ DATE: _____