UNIVERSITY OF WISCONSIN-PLATTEVILLE POLICE DEPARTMENT STATEMENT FORM

--CONTINUED STATEMENT--

PAGE _____ of _____ Pages Case Number: _____

_____ Date/Time: _____ / _____

_____ Signature: _____

Print/Type First, MI, Last Name

LOCAL ADDRESS: _____

Street or Res. Hall City State/Zip

LOCAL PHONE NO: _____ DATE OF BIRTH: _____

 Case Number: _____

I have read the above statement and find it to be true and correct to the best of my knowledge.

Signature: _____ Date/Time: _____ / _____

Witness: _____ Signature: _____

Print/Type First, MI, Last Name