



University of Wisconsin-Platteville
Police Department
Statement Form

UNIVERSITY OF WISCONSIN
PLATTEVILLE

PAGE of Pages

Case Number:

NAME: DATE OF BIRTH:
First MI Last

LOCAL ADDRESS:
Street or Res. Hall City State/Zip

LOCAL PHONE NO: PERM. PHONE NO:

PERMANENT ADDRESS:
Street City State/Zip

Multiple horizontal lines for writing the statement.

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

LOCAL ADDRESS:
Street or Res. Hall City State/Zip

LOCAL PHONE NO: DATE OF BIRTH:

