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| **ALSTEAD POLICE DEPARTMENT**  **WITNESS/COMPLAINANT STATEMENT FORM** |
| Case No.: Page \_\_\_\_\_\_ of \_\_\_\_\_\_ Today's Date: |
| Statement of: |
| Last Name: First Name: MI: Date of Birth: |
| Street Address: Telephone No.: ( ) |
| Town/City: State: Zip Code: |
|  |
| ***Warning: The giving of false statements, written or otherwise, is punishable by law under any or all of the following statutes; NH RSA 641:2 (Sworn Falsification), NH RSA 641:3 (Unsworn Falsification), NH RSA 641:4 (False Report to Law Enforcement).*** |
|  |
| I understand and certify that I have read or have had read to me this statement given by me. I fully understand it and certify that it is true and correct to the best of my knowledge and recollection.  Signed: |
| Then personally appeared the above named \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and made oath that the foregoing statement is true and correct to the best of his/her knowledge and belief. |
|  |
| Officer / Justice of the Peace My Commission Expires |
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**ALSTEAD POLICE DEPARTMENT**

**WITNESS/COMPLAINANT STATEMENT FORM**

Case No.: Page \_\_\_\_\_\_ of \_\_\_\_\_\_

Signed: Date: