

Lake Quivira Police Department
10 Crescent Blvd
Lake Quivira, Kansas 66217

P. _____ of _____

Voluntary Statement

Completed by Officer:		
Statement Date:	Time:	Location:

Completed by Person Giving Statement:							
Name:							
Address:				City, State, & Zip:			
DOB:	Age:	Race:	Sex:	Hair:	Eyes:	Hgt:	Wgt:
Employer:							
Employer Address:				Employer City, State, & Zip:			
Phone (Home):		Phone (Cell):			Phone (Work):		
Driver's License (DL) #:		DL State:	Email:				

I freely volunteer the following information:

Signature of Person Giving Statement

Signature of Officer Taking Statement

Printed Name of Person Giving Statement

Printed Name of Officer Taking Statement

