GOULDSBORO POLICE DEPARTMENT

WITNESS STATEMENT FORM

P.O. BOX 68
PROSPECT HARBOR, ME. 04669
OFFICE #: (207)-963-5589
NON-EMERGENCY #: (207)-667-7575
EMERGENCY #: 9-1-1
FAX #: (207)-963-2986

I, _____, with a Date of Birth of _____,
F Name MI L Name *MM/DD/YYYY*

residing at _____,
Number Street Town/City State Zipcode

and phone number(s)_____, do hereby give this Witness Statement Form to the
Include area code
Gouldsboro Police Department. I have made this statement form out to the best of my abilities and all information provided is accurate and true to my knowledge. All information provided was of my own free will and I understand that providing false information is a class D crime, punishable under 17-A section 453 as **Unsworn Falsification**. I am making this Witness Statement Form out to the Gouldsboro Police Department.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ **Date:** _____

If more space needed, continue on reverse side.