TOMAH POLICE DEPARTMENT

805 SUPERIOR AVENUE
TOMAH, WI 54660

PH: (608) 374-7400 FAX: (608) 374-7413
E-MAIL: TOMAHPD@TOMAHPOLICE.COM

CASE # _____

OFFICER: _____

VOLUNTARY STATEMENT FORM

PLEASE PRINT FULL NAME		**DATE OF BIRTH**
E-MAIL ADDRESS	**SOCIAL SECURITY NUMBER (OPTIONAL)**	**PHONE NUMBERS** **HOME:** _____ **CELL:** _____ **WORK:** _____
RESIDENCE ADDRESS (CITY, STATE, ZIP CODE)		

WRITTEN STATEMENT

By my signature below, I attest that the information in this statement and consent form is true and correct to the best of my knowledge.

SIGNATURE: X _____ **DATE:** _____ TIME: _____ AM / PM

(PLEASE SIGN OR TURN OVER TO CONTINUE THE STATEMENT)

LACK OF CONSENT – (Please Check The Appropriate Box Below)

☐ On said date, I was physically hurt and did receive pain without my consent or permission.

☐ On said date, property was stolen, damaged or entered without my consent or permission.

QTY	DESCRIPTION	MAKE	MODEL	SERIAL #	VALUE

By my signature below, I attest that the information in this statement and consent form is true and correct to the best of my knowledge.

SIGNATURE: X _____ **DATE:** _____ TIME: _____ AM / PM

(PLEASE SIGN THE STATEMENT ABOVE)