ATKINSON POLICE DEPARTMENT

27 ACADEMY AVENUE
ATKINSON, NEW HAMPSHIRE 03811
Bus. (603) 362-4001
Fax (603) 362-4785

Chief Albert Brackett

Case No. _____ Page ____ of _____

Voluntary Statement Form

Name: _____ Address: _____
DOB: _____ City/State/Zip: _____
SSN: _____ Home Tel. No. _____
Work Tel. No. _____ Cell Tel. No. _____

I, _____, do hereby give the following statement to _____, of the Atkinson Police Department. I make this statement of my own free will and accord, knowing full well this statement may be used in a court of law. No promises or threats have been made to me. I understand that false written statements made herein are punishable pursuant to RSA 641:3, Unsworn Falsification.

Signature: _____ **Witness:** _____

Date: _____ **Date:** _____