



Todd A. Faulkner
Chief

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Lieutenant

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WITNESS/COMPLAINANT STATEMENT FORM

Case No:

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).

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17 _____

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.

Justice of the Peace
My Commission Expires _____

Page _____ of _____