

MEMPHIS POLICE DEPARTMENT

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Chief Robert Trupiano
cityofmemphismi.gov

WITNESS STATEMENT FORM



Date: _____

Complaint # _____

Name: _____, Date of Birth: _____

Address: _____, City/Zip: _____

Email: _____ Driver's License #: _____

I have read each page of this statement consisting of _____ pages, each pages bears my signature and corrections bear my initials. I certify that the facts contained herein are true and correct.

Signature

Date
Page _____ of _____

