

## SPENCER POLICE DEPARTMENT

105 Park Street Spencer, Wisconsin 54479 Ph. 715-659-5453

Case #			
Officer			

## **VOLUNTARY STATEMENT FORM**

Ę	PLEASE PRINT FULL NAME		DATE OF BIRTH				
OF PERSON S STATEMENT	W. LOW, FIDOUR MAN						
PER	(LAST, FIRST, MI)  RESIDENCE ADDRESS, CITY, STATE, ZIP CODE	·	PHONE NUMBERS				
THI		HOME:					
IDENTITY VKING TH		CELL:					
IDENTITY O MAKING THIS		WORK:					
2	Occupation/ Place of Employment						
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STATEMENT							
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LACK OF CONSENT - (Check Appropriate Box Below)							
☐ On said date, property was stolen, damaged or entered without my consent or permission.							
☐ On said date, I was physically hurt and did receive pain without my consent or permission.							
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.							
	NATURE: X DAT	TE:	TIME:				