

Sugar Hill Police Department

P.O. Box 567 1411 Route 117 Sugar Hill, NH 03586 Phone:(603) 823-8725 FAX:(603) 823-8446 Emergency: (603) 823-8123 or 911

Statement Form

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Social Security Number.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Work:(\_\_\_\_)\_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

I, \_\_\_\_\_, without any coercion or duress, do freely and voluntarily give this  
Print Name  
handwritten statement to \_\_\_\_\_ of the Sugar Hill Police Department. I attest that all of the  
Officer's Name  
information contained within is the truth to the best of my knowledge. Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ AM/PM Location where was statement written: \_\_\_\_\_

Multiple horizontal lines for writing the statement content.



