

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.

Signature

