



BETHEL POLICE DEPARTMENT

**STATEMENT FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

CASE #: \_\_\_\_\_ DOB: \_\_\_\_\_ ID#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

P.O. BOX: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



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**BETHEL POLICE DEPARTMENT**

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**SIGNATURE**

**DATE**