

**Elk Mound Police Department**

Case # \_\_\_\_\_

206 E Menomonie Street, PO Box 188, Elk Mound, WI, 54739 | Phone & Fax (715) 879-4411

**Written Voluntary Statement**

Statement Page:    of

*(please print or type)*

<b>Name:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<i>Print – (First) (Middle) (Last)</i>	<b>Phone:</b>	
<b>Address 1:</b>		
<i>Print – (Personal Residence, Fire or Street Number &amp; Name)</i>	<i>(City, State, ZIP code)</i>	
<b>Business Name:</b>	<b>Work Phone:</b>	
<b>Address 2:</b>		
<i>(For a business or if a permanent address is different from above)</i>	<i>(City, State, ZIP code)</i>	

<b>This Written Voluntary Statement was given by the above person while at:</b>	
<i>(Location)</i>	<i>(Date &amp; Time)</i>



<b>X</b>	<b>X</b>
_____ Statement author, date	_____ Reviewing officer, date