Twisp Police Department

509-997-6112

Statement

Name: _____, _____, _____
Last First Middle

Address: _____, _____, _____
PO Box/Street Town/City State and Zip

Phone Number: _____ Cell: _____ DOB: _____

The following statement is made by me freely and voluntarily without threats or promises of any kind.

_____ **Initials**

(RCW 9A.72.085 I certify (declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature: _____ **Page 1 of ___ Pages**

Location signed **Date**