Weyauwega Police Department				VOLUNTARY STATEMENT	
Call#	Date	Time		Location	
		DOB		Phone #·	
(Full name, first,	middle, last)			i none	
Residing at				State	Zip
(Full ac	ddress and Post Office Box)				
	following statement to s except freely and vo				
	nt is true and correct t ade to force me to giv		nowledge.	No threats or promis	es of any kind
Signature:				Date:	
Witness Signature:			Date:	Page.	of

Weyauwega Police Department		VC	DLUNTARY STATEMENT - continued	
Page	of	Call#	Name	D.O.B
The above made to fe	e statement is orce me to giv	s true and correct to ve this statement.	the best of my knowledge	. No threats or promises of any kind were
Signature:				Date:
Witness Si	gnature:			Date: