STATEMENT FORM (PAGE 1)

CASE #_____

Tulalip Tribal Police

6103 31st Avenue NE, Bldg. A
Tulalip, WA 98271
Phone: (360) 716-4608 **Fax:** (360) 716-5999

Statement of: _____
(First Name) (Middle Initial) (Last Name)

Tribal Enrollment #_____**Name of Tribe**_____

Race: _____ **Sex:** _____ **DOB:** _____ **HT:** _____**WT:**_____ **EYE:** _____ **Hair:** _____

Address: _____
(Street Address) (City) (State) (Zip Code)

Home #: _____**Cell #:** _____ **Work #:**_____

Place Statement Provided:_____ **Date**_____ **Time**_____

STATEMENT

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Under the penalty of perjury the above statement is true and correct to the best of my knowledge and belief. This statement is made voluntarily without threats or promises having been made to me in consideration for having provided this statement.

Signature_____ **Date:** _____

Officer: _____ **Witness:** _____