



Case Number: _____

TULALIP POLICE DEPARTMENT

6332 31st Ave NE, Suite A • Tulalip, WA 98271 • 360-716-4608

Statement Form

Statement of: _____
(First Name) (MI) (Last Name)

Tribal Enrollment Number: _____ Name of Tribe: _____

Race: _____ Sex: _____ DOB: _____ HT: _____ WT: _____ Eye: _____ Hair: _____

Address: _____
(Street Address) (City) (State) (ZIP code)

Home Number: _____ Cell Number: _____ Work Number: _____

Place Statement Provided: _____ Date: _____ Time: _____

STATEMENT

[Large empty rectangular box for the statement content]

If more room is needed, please use the Statement Form Continuation document

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

Signature: _____ Date: _____

Officer: _____ Witness: _____