



# STATEMENT FORM

CITY OF SUMNER  
1104 Maple Street, Suite 140  
Sumner, Washington 98390-1423  
253.863.6384 – Fax: 253.891.3290

Sumner Police Department  
Colleen Wilson, Chief

Case Number \_\_\_\_\_ Date/Time of Report \_\_\_\_\_

Last Name: _____	First: _____	Middle: _____
Date of Birth: _____	Home Phone: _____	Work Phone: _____
Address: _____		

### DESCRIBE BELOW WHAT HAPPENED

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I have read each page of this statement consisting of \_\_\_\_\_ page/s. Each page bears my signature, and all corrections, if any, bear my initials. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the entire statement is true and correct to the best of my knowledge. My statement has been made freely, voluntarily and without threats or promises of any kind.

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

_____ Officers Signature	_____ Date	_____ Signature of Person Making Statement	_____ Date
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