City of Delafield Police Department
Voluntary Statement Form

NAME: _____ AGE: _____ DOB: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

LOCATION OF STATEMENT GIVEN: _____

DATE OF STATEMENT: _____ TIME: _____

STATEMENT: IR#:

_____ _____

SIGNATURE **OFFICER**