ARCADIA POLICE DEPARTMENT
STATEMENT FORM
203 W. MAIN ST. ARCADIA, WI 54612

STATEMENT OF: _____ DATE OF BIRTH:_____
FIRST MIDDLE LAST MONTH / DAY / YEAR

ADDRESS: _____CITY:_____ STATE:_____

PHONE NUMBER: (____)_____ PAGE____OF____

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SIGNED:_____DATE:_____TIME:_____
MONTH / DAY / YEAR

WITNESS OR WRITTEN BY OFFICER: _____DATE:_____TIME:_____