WEST LIBERTY POLICE DEPARTMENT
409 N. CALHOUN ST. WEST LIBERTY IOWA 52776
(319)-627-2223 FAX (319)627-6523 case #_____

VOLUNTARY STATEMENT

DATE_____ DL# /SSN#_____

NAME_____DOB_____PHONE#_____

ADDRESS_____CITY_____STATE_____

X X X

Signature of Person Making Statement DATE OFFICER RECEIVING REPORT

PAGE____OF_____