SKOWHEGAN POLICE DEPARTMENT

STATEMENT OF:_____PAGE NO._____

ADDRESS:_____PHONE NUMBER:_____

DATE:_____ COMPLAINT NO._____ D.O.B._____

I HAVE READ THIS STATEMENT CONSISTING OF_____PAGE(S), AND I CERTIFY THAT THE FACTS CONTAINED THEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT THE WILLFUL GIVING OF A FALSE STATEMENT IS PUNISHABLE BY UP TO ONE YEAR IN JAIL AND UP TO A $1000.00 FINE. (TITLE 17-A SS453. CLASS D)

Witness:_____ Signature:_____