MARPLE TOWNSHIP POLICE DEPARTMENT
BROOMALL, PA

STATEMENT OF WITNESS OR COMPLAINANT

Date _____

Name _____ **Age** _____

Address _____ **Phone** _____

Nature of Occurrence _____

Date of Occurrence _____ **Time** _____ **Place** _____

Reference Number _____

DETAILS

I VERIFY THAT THE FACTS SET FORTH IN THIS STATEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE (18 PA CC 4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND SECTION 4906 (18 PA CC 4906) RELATING TO FALSE REPORTS TO LAW ENFORCEMENT.

ATTEST: _____

_____ _____

Witness Signature

I VERIFY THAT THE FACTS SET FORTH IN THIS STATEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE OR INFORMATION AND BELIEF. THIS VERIFICATION IS MADE SUBJECT TO THE PENALTIES OF SECTION 4904 OF THE CRIMES CODE (18 PA CC 4904) RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES AND SECTION 4906 (18 PA CC 4906) RELATING TO FALSE REPORTS TO LAW ENFORCEMENT.

ATTEST: _____

_____ Witness

_____ Signature