## ALLENSTOWN POLICE DEPARTMENT UNIFORM STATEMENT FORM

Today's Date//	Time	Location	
DOB	Social Security N	umber	
I,of (current address)			
In (Town,State,Zip)		_ telephone number of (_	_),
Do hereby give the following vo	oluntary statement to		who has identified
Him or Herself as a member of the Allenstown Police Department.			
Witness,			
Witness,			
·			
•			
·			
	C*		