NEWPORT POLICE DEPARTMENT 59 Main Street, Newport, NH 03773

VOLUNTARY NON-CUSTODIAL STATEMENT FORM

Statement Given By:					D.O.B.:			
•	Last Name			<i>M.I.</i> Tel. #:	Month/Day/Year			
Mailing Address:	Street				Ноте	Cell		
(if different than above)								
City		State	Zip	500.50	c <u> </u>	Optional		
Email Address:								
Interview Location:			Date:			Time:		
	nmitting a crime if I l	know it is fals	se, and conseque			give the following statement sted, convicted, fined, and/or		
have read, or have been i	read, the foregoing w	arning and m	ny signature indi	cates my unde	erstand	ing thereof.		
Signature:			Date:			Time:		
		Signature				 Date		