

Lake Placid Police Department

8 North Oak Avenue Lake Placid, FL 33852-9546

863-699-3759 • FAX 863-699-3760 www.lppd.com

VOLUNTARY STATEMENT FORM

Case #: _____ Date / time occurred: _____ Date / time of statement: _____

Incident Location: _____ Statement given to: (Officer): _____

Witness Name: _____ Witness Address: _____

Witness Telephone Number(s): _____

OTHER MEANS OF CONTACTING WITNESS IN FUTURE:

SWORN STATEMENT

DAMAGES SUMMARY

The estimated dollar amount of damages suffered from this event are:

AFFIRMATION

I have read this statement consisting of _____ page(s) and hereby swear or affirm that the facts contained herein are true and correct to the best of my belief.

WITNESS NAME PRINTED AND SIGNED: _____

DATE SIGNED: _____ OFFICER WITNESS TO SIGNATURE: _____
