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Town of Campbell

POLICE DEPARTMENT



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E-mail: campbellpd@townofcampbellwi.gov

VOLUNTARY STATEMENT

DATE: _____

POLICE CASE NUMBER: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ Date of Birth: ____ / ____ / ____

Home Phone: _____ Cell Phone: _____ Signed: _____