INCIDENT NUMBER
NP_____

NORWAY POLICE DEPARTMENT - VOLUNTARY STATEMENT

19 Danforth Street, Norway Maine 04268 telephone 207-743-5303 fax 207-743-5306

NAME_____
MAILING ADDRESS:_____
STREET ADDRESS IF DIFFERENT_____
HOME PHONE_____ **WORK PHONE**_____ **DATE OF BIRTH**_____

This voluntary statement is being given to the Norway Police Department:

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I, _____, hereby make this statement to a Law Enforcement
printed name

Officer, with the understanding that any false statements made above may be punishable as a

Class D Crime under Title 17A, Maine Revised Statutes, Sections 452, 453, and 509.

SIGNED_____

DATED _____