OAK HILL POLICE DEPARTMENT

Chief David P. Ward
415 North Front Street, Oak Hill, Ohio 45656
Phone: (740) 682-6301 FAX: (740) 682-7291

VOLUNTARY STATEMENT

Case: _____

Officer: _____

Name:

_____ _____ _____ _____ _____ _____
Last First Middle Date Time AM/PM

Address:

_____ _____ _____ _____
Street City State Zip

_____ _____ _____
SSN Date of Birth Phone

On or about the_____ day of _____ , 20____ at_____ _____

I,_____

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Signed: _____ Date: _____ Time: _____ _____

Witness: _____ Date: _____ Time: _____ _____

State of Ohio
County of Jackson
Sworn to or affirmed and subscribed before me by_____
on this date _____/_____/_____.

_____, Notary Public

My commission expires _____/_____/_____.

Continued

Signed: _____ Date: _____ Time: _____ ____
Witness: _____ Date:_____ Time: _____ ____

State of Ohio
County of Jackson
Sworn to or affirmed and subscribed before me by_____
on this date_____/_____/_____.

_____, Notary Public
My commission expires _____/_____/_____.