Heber City POLICE

"Protect with Courage, Serve with Compassion"

WRITTEN STATEMENT

FALSE STATEMENTS

You are notified that statements you are about to make may be presented to a Magistrate or a Judge in lieu of your sworn testimony at a preliminary examination. Any statement you make that is false or that you do not believe to be true may subject you to criminal punishment as a class B misdemeanor per Utah State Code 76-8-504.

NAME: FIRST: _____LAST:_____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER/STATE: _____/_____

Address:	City/State/Zip:
E-Mail Address:	

CONTACT INFORMATION

TELEPHONE# (____)_____-_____ CELL#(____)_____-_____ WORK#(____)_____-_____

Location/Date/Time of Crime	

Who/What/Where/When

_____

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*By signing this document I herby swear that the information contained in this statement is true and correct, and understand that if the information is found to be false I may face criminal punishment.

SIGNED_____DATE_____TIME_____

WITNESS/OFFICER_____ DATE_____TIME_____

I herby consent to and authorize the release of my Medical and or Financial records to law enforcement, the City Attorney, and the County Attorney.

____MEDICAL____FINANCIAL

SIGNED	DATE

CASE #_____

Phone: 435-654-3040 Fax: 435-654-3286
Email: police@ci.heber.ut.us