City of Hurricane

POLICE DEPARTMENT

90 S 700 W
Hurricane, Utah 84737
Office # 435.635.9663 Dispatch # 435.627.4999

Voluntary Statement of Facts

Name: _____ **Date of Birth:** _____/_____/_____

Address: _____ **Home Phone:** _____

City/State/Zip: _____ **Work Phone:** _____

Email: _____ **Cell Phone:** _____

Notice: Pursuant to section 76-8-504.5, you are notified that the statement you are about to make may be presented to a magistrate or Judge in lieu of your sworn testimony at a preliminary examination. Any false statement you make and that you do not believe to be true may subject you to criminal punishment as a Class A Misdemeanor.

Statement

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I give this statement of my own free will. No promises, threats, or coercion of any kind have been made to me by any Hurricane City Police Officer.

Signature _____ Date _____

Witnessing Officers Initials _____