

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: _____

Email: _____ Work Phone: _____

City/State/Zip: _____ 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

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 _____

