



**CITY OF KIRTLAND
POLICE DEPARTMENT
VOLUNTARY STATEMENT**

LAST NAME		FIRST NAME		MIDDLE NAME
LAST 4 NUMBERS OF SSN		DATE OF BIRTH	AGE	OCCUPATION
STREET ADDRESS		STREET NAME		APARTMENT NUMBER
CITY		STATE	ZIP CODE	
HOME PHONE		WORK PHONE EXT.		CELLULAR PHONE
EMAIL USERNAME		EMAIL ADDRESS		
WRITTEN STATEMENT:		I, _____ (full legal name) HEREBY MAKE THIS VOLUNTARY STATEMENT:		
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