

Please use Adobe Acrobat Reader to complete this form.

Town of Campbell

POLICE DEPARTMENT



2219 Bainbridge Street
La Crosse, Wisconsin 54603

Phone: 608.783.1050

Fax: 608.783.2050

E-mail: campbellpd@townofcampbell.net

Web: www.campbellpolice.com

VOLUNTARY STATEMENT

DATE: _____

POLICE CASE NUMBER: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____ Date of Birth: ____ / ____ / ____

Home Phone: _____ Cell Phone: _____ Signed: _____