WEST SILOAM SPRINGS
POLICE DEPARTMENT

4880 CEDAR DRIVE, COLCORD, OK 74338
PHONE 918-422-5810 FAX 918-422-5108

VOLUNTARY WRITTEN STATEMENT

Date_____ Time____:____ Location_____

Name_____ D.O.B.___/___/___ SSN_____

Address_____ City_____ St_____ Zip_____

HGT_____ WGT_____ Hair_____ Eyes_____ DL#_____ Phone_____

I understand that the contents are true and correct to the best of my knowledge. I have made this statement of my own free will without any pressure or coercion of any kind.

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Signature of Affidavit_____ Date_____

Officer_____ Date_____