



Witness Statement

.....
Statement of: _____ Date: _____ Time: _____ AM PM
 Name of witness

Your address: _____

City

State

Zip

Phone: (_____) _____ Other: (_____) _____

Your age: _____ Your Birth date: _____ / _____ / _____

.....

I certify under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct

Signature

Date