

CFS #: _____

BLOOMFIELD HILLS POLICE DEPARTMENT

SUPPLEMENTAL WITNESS STATEMENT FORM

NAME: _____ **DATE:** _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

PLEASE WRITE YOUR STATEMENT IN THE SPACE PROVIDED BELOW. USE THE BACK OR ADDITIONAL SHEETS IF NECESSARY:

A faint watermark of the '100th PUBLIC SAFETY' logo is centered on the page. The logo features a circular emblem with a laurel wreath, a central figure, and the text '100' and 'PUBLIC SAFETY'.

SIGNATURE OF PERSON MAKING STATEMENT

CFS #: _____

