Town of Carbondale Police Department
511 Colorado Avenue, Carbondale, CO 81623
(970) 963-2662

Witness Statement

I make the following statement of my own free will with no force or threats against me and no promises made or implied to induce me to make this statement.

Name: _____ Date of Birth: _____

Address: _____Home Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address: _____ Business Phone: _____

City: _____ State: _____ Zip Code: _____

Date of incident: _____ Time of Incident: _____

Location of Incident: _____ Case Number: _____

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Please return as soon as possible to:
Carbondale Police Department
511 Colorado Ave., Suite 911
Carbondale, Colorado 81623
970-963-2662

Signature: _____

Witness:_____

Date: _____