TOWN OF TISBURY
Police Department
32 Water Street • P.O. Box 426
Vineyard Haven, Massachusetts 02568
508-696-4240 • Fax 508-693-5543

Christopher Habekost
Chief of Police

Certified
2021

VOLUNTARY STATEMENT

DATE: ______________________ **TIME:** __________________ **PHONE #:** ______________________

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I have read each page of this statement consisting of ____ pages. Each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct. I further certify that I made no request for the advice or presence of a lawyer before or during any part of this statement, nor at any time was I told or prompted what to say in this statement.

This statement was completed at ___ am/pm on the ____ day of _______________, year _______.

*****WARNING***** False statements made on this form are punishable under the penalty of perjury. Whoever makes a false statement on this form or in the reporting of the incident shall be punished by imprisonment for up to 2 years or a fine up to $2,500.00 or by both a fine and imprisonment. Subsequent false reports require MANDATORY one year imprisonment.

Witness (Print): ___________________________ Officer (Print): ________________________________

Witness Signature: _________________________ Officer Signature: ______________________________

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This statement of ____ pages has been read by me and I understand it all. I sign it of my own free will as my own statement, which is true to the best of my memory.

Signature

Print