ISLAND COUNTY SHERIFF'S OFFICE

1 NE 7th St. Coupeville, WA 98239 PH: (360)678-4422 FAX: (360)679-7314
www.islandcountywa.gov/sheriff

VOLUNTARY STATEMENT FORM

RETURN TO DEPUTY		DATE	CASE#
NAME: LAST / FIRST / MIDDLE		DATE OF BIRTH	GENDER ☐ M ☐ F
HOME ADDRESS (INCLUDE CITY, STATE AND ZIP)	CITY	STATE	ZIP
WORK ADDRESS (INCLUDE CITY, STATE AND ZIP)	CITY	STATE	ZIP
PHONE NUMBERS	HOME	WORK	CELL

In Response to a public records request and pursuant to RCW 42.56.240(2), I desire that information revealing my identity be: ☐ Disclosed ☐ Not Disclosed

Despite my expressed preference above, I acknowledge that my identifying information may be disclosed as required by law or court rule.

Warning! By Signing this document, I certify (or declare), under penalty of perjury under the laws of the State of Washington, that the foregoing statement is true and correct to the best of my knowledge. Furthermore, I am also aware that making a false or misleading statement to a Public Servant is a crime which is punishable in a court of law. RCW 5.50.030 and 5.50.050.

Typed Name of person providing the statement	**Signed Name of person providing the statement**	**DATE**
Witnessed by	**LOCATION**	**TIME**

VOLUNTARY STATEMENT FORM (Cont.)

In Response to a public records request and pursuant to RCW 42.56.240(2), I desire that information revealing my identity be: ☐ Disclosed ☐ Not Disclosed

Despite my expressed preference above, I acknowledge that my identifying information may be disclosed as required by law or court rule.

Warning! By Signing this document, I certify (or declare), under penalty of perjury under the laws of the State of Washington, that the foregoing statement is true and correct to the best of my knowledge. Furthermore, I am also aware that making a false or misleading statement to a Public Servant is a crime which is punishable in a court of law. RCW 5.50.030 and 5.50.050.

Typed Name of person providing the statement	**Signed Name of person providing the statement**	**DATE**
Witnessed by	**LOCATION**	**TIME**