Emerson Police Department

1 Municipal Place, Emerson, N.J. 07630
HQ: (201) 262-2800 FAX: (201) 262-2886

WRITTEN STATEMENT FORM

Mark Savino
Chief of Police

DATE: _____ **CASE #:** _____

Complainant/Witness Information (***All personal identifying information MUST be filled in on first page***)

Name: _____ **Birth Date:** _____ **SS #** _____

Address: _____

Driver's License #: _____ **Home Phone:** _____

Cell Phone: _____ **E-Mail:** _____

Nature of Complaint:_____

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I, (print your name) _____, do solemnly swear that the statement given above is true and accurate to the best of my knowledge. I am aware that a false or misleading statement to the police is a violation of New Jersey State Statue 2C:28-4, a fourth-degree crime punishable by up to $1000.00 dollars fine and or up to 18 months in jail.

Signature: _____

Witnessing Police Officer: _____