

Norwalk Police Department

Voluntary Statement

208 S. Church St. PO Box 230
Norwalk, WI 54648

Name: _____ Date of Birth: _____

Address: _____ / _____ / _____
 Street or Route City State Zip

Telephone # Home: _____ Work: _____ Cell: _____

By my signature below, I attest that information in this statement is true and correct to the best of my knowledge.

Signature: _____ Date: _____

