



CARLISLE POLICE DEPARTMENT STATEMENT

Name (Please Print): _____

Address: _____

Phone Number: _____ Date of Birth: _____

As provided under Iowa Code Section 622.1, I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding sworn statement is true and correct.

Signature _____

Page _____ of _____

Date of Statement _____

Time _____