



togetherforbetter

**Department of Administrative Services
Code Enforcement Unit**

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VOLUNTARY WITNESS STATEMENT FORM

CASE NUMBER:	OFFICER:
DATE OF INCIDENT:	
NATURE OF INCIDENT – INCLUDE ADDRESS OR LOCATION	
PAGE ____ OF ____	
WITNESS NAME:	
DATE OF BIRTH:	
ADDRESS:	
PHONE NUMBER:	
WITNESS SIGNATURE:	DATE:

Your name, date of birth, address, and telephone number are requested in case additional information is needed or if you are needed for a court appearance pertaining to this case. If you would like to remain anonymous, please do not complete this form as we will not be able to use the information provided. If you provide your name or other personal information it may be disclosed, even if you request to remain anonymous. All information collected by this agency is made available to the public in accordance with the Public Records Act.