## **Newburyport Police Department**

STATEMENT OF:	INCIDENT:	
NAME:	DATE:	
ADDRESS:	ST: ZIP:	
TELEPHONE: (HM)	(CELL)	
DATE OF BIRTH:	SSN#:	
EMAIL ADDRESS:		
	30	
Signed under the pains and penalties of perjur	у	
SIGNATURE:	DATI	E:
WITNESS:	DAT	E: