



BERKLEY PUBLIC SAFETY

2395 W. Twelve Mile Berkley MI 48072 248-658-3380

CFS#_____

OFFICIAL STATEMENT

Full Name:	Date of Birth:
Address:	Phone Number:
CITY, STATE, ZIP:	EMAIL:
Date and time Incident Occurred:	
Location Incident Occurred:	
STATEMENT:	
I affirm the above information	tion is true and correct.
Signature:	Date: Time:
Officer Signature:	Date: