Report #_____

The City of Westlake Ohio

DENNIS M. CLOUGH, MAYOR

www.cityofwestlake.org

POLICE DEPARTMENT
CHIEF RICHARD A. WALLING

27300 Hilliard Blvd.
Westlake, OH 44145

Phone 440.871.3311
Fax 440.835.6444

CRIME WITNESS STATEMENT

Date_____

I, _____, voluntarily make the following statement
(Print name clearly)
to the Westlake Police Department_____

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_____

I have read the above statement, and it is true.

_____
(Signature and date of birth)

_____
(Address)

_____
(City/State/Zip)

_____
(Phone)

_____
(Witness)

[Please complete and return this form to the WESTLAKE POLICE DEPARTMENT, Attn: DISPATCH. Changes to the above information can be made by contacting the Westlake Police Dept. 440-871-3311.]