OTTAWA COUNTY SHERIFF'S OFFICE
315 Madison Street
Port Clinton OH 43452

PHONE: 419-734-4404
FAX: 419-732-8311

STATEMENT FORM

I, _____, DO VOLUNTARILY GIVE THIS STATEMENT TO _____ OF THE OTTAWA COUNTY SHERIFF'S OFFICE ON THIS _____ DAY OF _____, 20_____.

SIGNED: _____	**ADDRESS:** _____ **City/State:** _____
PHONE _____ **CELL**_____ _____	**DATE OF BIRTH:** _____ **SOCIAL SECURITY:** _____
WITNESS: _____	**NOTARY:** _____