



**GOULDSBORO POLICE DEPARTMENT  
WITNESS STATEMENT FORM**

P.O. BOX 68  
PROSPECT HARBOR, ME. 04669  
OFFICE #: (207)-963-5589  
NON-EMERGENCY #: (207)-667-8866  
**EMERGENCY #: 9-1-1**  
FAX #: (207)-963-2986



**Diligence, Compassion, Integrity & Professionalism**

I, \_\_\_\_\_, with a Date of Birth of \_\_\_\_\_,  
*F Name MI L Name MM/DD/YYYY*

residing at \_\_\_\_\_,  
*Number Street Town/City State Zipcode*

and phone number(s) \_\_\_\_\_, do hereby give this Witness Statement Form to the  
*Include area code*

Gouldsboro Police Department. I have made this statement form out to the best of my abilities and all information provided is accurate and true to my knowledge. All information provided was of my own free will and I understand that providing false information is a class D crime, punishable under 17-A section 453 as **Unsworn Falsification**. I am completing this Witness Statement Form for the Gouldsboro Police Department.

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**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If more space needed, continue on reverse side.**

