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HASTINGS CITY POLICE DEPARTMENT STATEMENT

Name:	Date of Birth:	
Address:	Phone:	
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I have read each page of this statement consisting bears my signature. Any corrections bear my inicontained herein are true and correct.	ng of page(s) each of which tials and I certify that the facts	
Signature of person giving statement	Date	
Signature of officer taking statement	Complaint number	
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