

SOUTH DAYTONA POLICE DEPARTMENT <u>STATEMENT</u>

Victim _	Witness				Case #	
Subject _	Other				Offense Header	
Name			_Race_	Sex	DOB	
Address					Phone	
Business Address					Phone	
Location Statement Given					Date	Time
		Pa	age	_of		
undersigned, th		day	of			tion contained in the above o the best of my knowledge
				NAME		
NOTARY PUBLIC OR L. E. OFFICER				SIGNATURE		

As a *VICTIM*, I hereby request to (*Circle one:)

make my information public / do not make my information public

as it is my right to prevent disclosure of information or records that could be used to locate or harass me or my family, or which could disclose my confidential or privileged information. *As it pertains <u>only</u> to the case listed above.