



BUNKER HILL COMMUNITY COLLEGE POLICE DEPARTMENT

250 New Rutherford Ave., E-127
Charlestown MA. 02129-2925
Phone 617-228-2053



VOLUNTARY STATEMENT FORM

Please fill out the form below. Use additional pages for your statement if needed. Provide your name on each page. Once completed PRINT OUT all pages of the statement form, staple together and submit to BHCC Public Safety Office Room E-127, Charlestown Campus or Room 107, Chelsea Campus.

I, _____, volunteer the following information of my own freewill, for whatever purposes it may serve, to Officer _____ of the Bunker Hill Community College Police Department. I am _____ years old and was born on _____. I reside at: _____

My phone number is: _____

VOLUNTARY STATEMENT

I have just read each page of this statement, consisting of ____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct to my knowledge.

This _____ day of _____, 20_____

Person Giving Statement: _____

OFFICE USE ONLY

Incident # _____

Intake Officer: _____

