BUTTE-SILVER BOW ANIMAL SERVICE DEPARTMENT

VOLUNTARY STATEMENT

I, _____, whose address is _____
Declare that the following voluntary statement is made to the aforesaid person of my own free will without a promise of hope or reward, without fear or threat of physical harm, without coercion, favor or offer of favor, without leniency, by person or persons whomsoever. I understand that it is a violation of law to knowingly give false information to law enforcement authorities.
Section 45-7-205, MCA

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I have read this statement consisting of _____ page(s), and I certify that the facts contained therein are true and correct, I also declare that I was not told or prompted what to say in this statement.

Date this _____ day of _____, 20_____

_____
Signature of person giving voluntary statement

Statement of: Date_____ Page No._____

Signature of person giving voluntary statement

Phone 406-782-8450 Fax 406-723-0264 699 Centennial Avenue Butte, Montana 59701