



ROUTT COUNTY SHERIFF'S OFFICE

Gary Wall, Sheriff

David Bustos, Undersheriff

STATEMENT FORM

Case Number: _____ Date: _____ Time: _____
 Name: _____ Date of Birth: _____
 Physical Address: _____ Mailing: _____
 City: _____ State: _____
 Driver's License #: _____ DL State: _____
 Home/ Cell Phone: _____ Work Phone: _____
 Location of Offense: _____
 Date of Offense: _____

STATEMENT

(Deputy)

(Signature)

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