THE CITY OF Edmonton

PLANNING AND DEVELOPMENT

WITNESS STATEMENT FORM

(The accused has a legal right to a copy of this report)

REFERENCE NUMBER

Complaints and Investigations Section / Development Compliance Branch
5th Floor, 10250 - 101 Street, Edmonton, Alberta, T5J 3P4 Phone: 496-3100 Fax: 496-6054

FULL NAME OF COMPLAINANT: _____ D.O.B. Y ___ / M ___ / D ___

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: (HOME) _____ (WORK) _____ (EXTENSION) _____

DATES WITNESS NOT AVAILABLE FOR COURT: _____

FULL NAME OF OFFENDER: _____ D.O.B. Y ___ / M ___ / D ___

ADDRESS: _____ POSTAL CODE: _____

PHONE NUMBER: (HOME) _____ (WORK) _____ (EXTENSION) _____

PLACE OF EMPLOYMENT: _____ ADDRESS: _____

VEHICLE MAKE: _____ MODEL: _____ COLOR: _____

LICENSE PLATE NUMBER: _____ PROVINCE: _____ YEAR: _____

STATEMENT OF COMPLAINANT: _____

OFFICER ASSESSMENT: _____

I DO HEREBY DECLARE THE ABOVE STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND FULLY UNDERSTAND THAT MY PRESENCE IN A COURT OF LAW MAY BE REQUIRED.

_____
COMPLAINANT SIGNATURE

SIGNED THIS _____ DAY OF _____ 19 ____ AT _____ A.M./P.M.

OFFICER: _____ TAG ISSUED: YES ____ NO ____ TAG NUMBER _____

TAG NUMBER _____

WHITE COPY - OFFICER/FILE, YELLOW COPY - FILE/COURT COPY, PINK COPY - COMPLAINANT COPY