Hamburg Police Department Complaint Form Please Print CLEARLY

I, _____ of _____
Name Street Address

_____ _____ _____
City State Zip

_____
Phone Number email address

Hereby submit this statement to_____.

Your Statement: _____

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I verify that the statements made in this Complaint (and attached Income and Expense Statement if required) are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904, relating to unsworn falsification to authorities.

Notarize Here

_____
Signature / Date

Page _____ of _____

Use additional paper or reverse side of page if needed.