

**Camrose County Protective Services**

3755 – 43 Avenue 780-672-4449 Camrose, Alberta T4V 3S8

**WITNESS STATEMENT**

File Number

Date of Offence/Incident

Year Month Day Time

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Witness Name | | | Witness Address | | | DOB (YR/MTH/D) | |
| Residence Telephone Number | | | Business Telephone Number | | | Witness Postal Code | |
| Can You Identify The Dog?  Yes No | Breed | | | Color | |  | Sex |
| Can You Identify The Dog’s Owner?  Yes No | | Name of Animal Owner | | | Address of Animal Owner | | |

Location of Occurrence

Details of Occurrence

**Should this matter go to Court, witness will be required to give evidence**

Witness Signature Officer Signature Statement Date

Year Month Day