CASE #_____

Grand County Sheriff's Office Witness Statement

670 Spring St, PO Box 48 Hot Sulphur Springs, Colorado 80451
Phone: (970)725-3343 Fax: (970)725-3227

Name:_____ Date of Birth ____/____/____ Age:_____
Home Phone: (____)_____-_____ Cell Phone: (____) _____-_____
Driver's License#_____ St.:_____
Street Address:_____ City:_____ State:_____ Zip:_____
Mailing Address/PO Box:_____ City:_____ State:_____ Zip:_____
Business Name(s):_____Work Phone: (____)_____
Business Address:_____ City:_____ State:____ Zip:_____
Sex:_____ Height:_____ Weight:_____ Eye Color:_____ Hair Color:_____
Email:_____

Details:

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Witness Signature_____ Date:_____ Time:_____