TOWN OF HIGH LEVEL

10511 – 103 Street
High Level, AB
T0H 1Z0
Ph: 780-926-2201
Fax: 780-926-2899

Witness Statement

Peace Officer/Bylaw Reporting form

Witness Information

Full Name	Occupation
Address	**Phone number(s)**
Address: City/Town: Province: Postal Code:	Main Phone: Cell Phone: Work Phone:
Location of Occurrence	**Type of Occurrence** (Disturbance/Public Intoxication/Theft/Complaint/Other)

Date and Time of Occurrence	Vehicle Make/Model	Vehicle Plate

Details/Particulars of Occurrence
Continued on next page

Witness Signature	Officer Signature	Statement date

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Details/Particulars of Occurrence Continued

Personal information on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be solely used for the stated purpose. If you have any questions about the collection, use, or disclosure of this information, please contact the Municipal Clerk at 780-821-4008.