



AFFIDAVIT
Fort Lee Police Department
Fort Lee, New Jersey

Case #: _____

Complainant or Witness: _____
Last Name First Name MI

Time of Affidavit: _____ **Date of Affidavit:** _____

I, _____ **Of**
Name Age

Address: _____
Number Street Apt. # City State Zip

Home Phone: _____ **Work Phone:** _____

Cell: _____ **Email Address:** _____

Was a: __ Witness to or __ Involved in, __ an Incident or __ Crime at _____
Date Time

(Address) _____
Number Street Apt. # City State Zip

Name and Title of Official Administering the Oath

Signature of Person Making Affidavit



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Fort Lee Police Department

Case #: _____

Last Name: _____ First Name: _____ MI: _____

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Last Name: _____ **First Name:** _____ **MI:** _____

Lined area for the affidavit text.

Name and Title of Official Administering the Oath

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