



Town of Orland, ME

Witness Statement for Animal Control Complaint

Name: _____ **Date of Birth:** _____

Street Address: _____

Telephone Home: _____ **Work:** _____ **Cell:** _____

I UNDERSTAND THAT THE MAKING OF A FALSE STATEMENT WHICH I DO NOT BELIEVE TO BE TRUE CONSTITUTES UNSWORN FALSIFICATION A CRIMINAL OFFENSE PURSUANT TO 17-A M.R.S.A. SECTION 453. I FULLY UNDERSTAND THAT IF THIS STATEMENT IS UNTRUE AND FALSELY MADE, I AM SUBJECT TO PROSECUTION FOR THE CRIME OF UNSWORN FALSIFICATION. I UNDERSTAND THAT UNSWORN FALSIFICATION IS A CLASS D CRIME PUNISHABLE BY A FINE OF UP TO \$1,000.00 OR BY IMPRISONMENT OF UP TO ONE YEAR, OR BY BOTH.

Date of Incident: _____

Statement:

I HAVE READ AND INITIALED EACH PAGE OF MY STATEMENT, COMMENCING
BELOW AND CONSISTING OF THE ATTACHED _____ PAGE(S).
I UNDERSTAND IT, AND I STATE THAT IT IS TRUE AND NOT FALSELY MADE.

Signature: _____

Date/Time: _____

WITNESS STATEMENT CONTINUATION FORM

Signed: _____

Date/Time: _____