MUNICIPALITY OF ANCHORAGE

Department of Health and Human Services

Environmental Health Services

Witness Statement

Statement Date: _____ Incident Date: _____ Hotel/Motel Manager Notified: Y N

Hotel/Motel Name & Address & Room #: _____

_____

I, _____, of _____, (address) certify, under penalty of perjury, that the following is true based on personal information and belief.

(Please describe in detail what occurred, when it occurred, where it occurred, and who was present. Provide dates and times, the names and phone numbers of others involved and include fact, as opposed to opinion.)

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I certify that the information provided above is true and correct to the best of my knowledge and I am willing to testify to such under oath in an administrative hearing or in the Superior Court of the State of Alaska.

Signature: _____ Home/Cell Phone: _____

Residence Address: _____ Work Phone: _____

Mailing Address: _____

State ID #. _____ Date of Birth: _____`