



WITNESS STATEMENT
(Provincial Offences Procedure Act, S.N.B. 1987,
c.P-22.1, s.35(3))

FORM 15

THIS IS THE STATEMENT OF _____ (name of witness),

of _____

_____ (address),

_____ (occupation).

The following facts are true to the best of my personal knowledge and belief. I am aware that it is an offence knowingly to make a false statement in this witness statement.

Dated at _____ this _____ day of _____, 20____

place day month

Signed in the presence of _____ Signed _____