

Fayette Police Department Statement Form

Page No. _____

Fayette Police Department 117 S. Main Street, Fayette, Missouri 65248

Statement of _____
(Printed Name)

Signature: _____ Date: _____

Current Address: _____

Permanent Address: _____

Phone: _____

SSN: _____ DOB: _____



Customer Complaint Form

Date: _____

Received From: _____

Address: _____

Phone Number: _____

Explanation of Complaint: _____

For City Use Only

Date Received: _____

Received By: _____

Forwarded To: _____
Name / Department

REV. 10/03/22