# WASHOE COUNTY

## COMMUNITY SERVICES DEPARTMENT
## Planning and Building Division
## Code Enforcement

1001 EAST 9TH STREET
RENO, NEVADA 89512
PHONE (775) 328-6106
FAX (775) 328-6133

### WITNESS STATEMENT

Witness's Full Name: _____

Phone: _____

Email: _____

Mailing Address: _____

_____

_____

Date of Violation: _____

Address/Location of Violation:

_____

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Basic Description of Violation:

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Statement:

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The above information is true to the best of my knowledge and was freely given. No threats or promises have been made against or to me in order to get me to make this statement. I certify under the penalty of perjury under the laws of the State of Nevada that the above statement is true and correct.

_____ _____

Name: (Print) Signature:

State of Nevada
County of Washoe
Subscribed and sworn to before me this
____ day of _____ , 20 ____

_____

Notary Signature