

# FULTON COUNTY FAIR WITNESS STATEMENT FORM

WITNESS INFORMATION
WITNESS NAME
WITNESS MAILING ADDRESS
WITNESS PHONE NUMBER
WITNESS EMAIL ADDRESS
DATE REPORT SUBMITTED

SUBMITTED TO
RE: An incident / violation that occurred on or about:
[ DATE ]
ISSUE TITLE / ISSUE ID / REF. NO.

**WITNESS STATEMENT** State only the facts.

Attach additional sheets as needed. As a witness, your signature below indicates that the information you've provided on this form is truthful.

**SIGNATURES**

WITNESS NAME	WITNESS SIGNATURE	DATE

RECEIVER NAME	RECEIVER SIGNATURE	DATE