DEPOSITION OF WITNESS TO ACCOMPANY COMPLAINT OR INFORMATION SECTION 100.20 CPL

LAKE PLACID POLICE DEPARTMENT

STATE OF NEW YORK) COUNTY OF ESSEX) SS. VILLAGE OF LAKE PLACID)	DEPONENT
Having and address known to the Lake Placid Police Department, Date of Birth	ageyears,
Occupation of	states as follows :
	1
Notice: False statements made herein are punishable as a Class A Misdemeano	r pursuant to Section 210.45 of the Penal Law.
Witnesses By	Affirmed under penalty of perjury thisday of20
Signature	Signature of Deponent
Title	