DEPARTMENT OF TRANSPORTATION
VEHICLE POLICY & PROCEDURES

BOWIE STATE UNIVERSITY WITNESS STATEMENT

Date:_____ Time:_____

Witness
Name:_____

Witness
Address:_____

Witness
Title:_____

Contact Number:_____

Witness Statement: _____

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I voluntarily provide the above statement and affirm that to the best of my knowledge the information contained herein is accurate and true.

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Witness Signature