



Statement of Witness

Personal information of this form is collected pursuant to the *Municipal Act*, 2001, S.O. 2001, c.25, as amended. The information will be used for investigation and enforcement purposes and the compilation of statistical reports. Questions about the collection of Personal Information should be directed to the City of Mississauga, Freedom of Information Coordinator, 300 City Centre Drive, Mississauga, Ontario, L5B 3C1, Telephone: (905) 896-5421.

Date: _____

Name of Witness: _____

Address: _____

Postal Code: _____

Telephone: (H): _____

(B): _____

Statement Started: _____

Finished: _____

Please write a brief, yet concise statement explaining the particulars of the occurrence you have witnessed. Be sure to answer these questions: WHO, WHAT, WHEN, WHERE and HOW.
