



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES
 450 COLUMBUS BOULEVARD, SUITE 1 • HARTFORD, CT 06103-1837

OFFICE OF DIVERSITY & EQUITY

WITNESS STATEMENT

I, _____, hereby state:

My address is _____

Facts:

I have read the above statement consisting of _____ pages, consisting of _____ lines and have initialed all changes. I have given this statement of my own free will and it is true and correct to the best of my knowledge and belief.

Signed _____

Dated _____

Please File Electronically!
penny.potter@ct.gov or griselle.hernandez@ct.gov

Phone (860) 297-5708 – (860) 297-5709
 Hearing Impaired TDD/TT: 860-297-4911