

**Riverside Cemetery District
Board Policy**

WITNESS DISCLOSURE FORM

Policy 85

Name of
witness: _____

Position of
witness: _____

Date of testimony,
Interview: _____

Description of Incident
witnessed: _____

Any other
information: _____

**Riverside Cemetery District
Board Policy**

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Adopted: 11/9/2004