

# 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:	
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