EOHU Eastern Ontario Health Unit BSEO Bureau de santé de l'est de l'Ontario

STATEMENT

Date: _____ Incident number: _____ Page _____ of_____

Name: _____

Date of birth: _____ Telephone: _____

Address: _____

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Tobacco Enforcement Officer: _____

Witness:_____

Location: _____

Signature of witness:_____

(over)

STATEMENT (CONTINUED)

Date: _____ Incident number: _____ Page _____ of_____

Name: _____

Date of birth: _____ Telephone: _____

Address: _____

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Tobacco Enforcement Officer: _____

Witness:_____

Location: _____

Signature of witness:_____