



CITY OF GROTON POLICE DEPARTMENT

RECORDS DIVISION

Date	
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REQUEST FOR COPY OF POLICE REPORT

Name of person requesting report:

Full Name	Email
Mailing Address	Phone Number(s)

Fees for Report copies will be charged at \$.50 per page. Photographs are \$2.00 each. Videos at \$5.00 per disc, Requests for video footage can take up to 60 days to process.

<i>Please provide the following information to identify the record:</i>	
Description/Location (Case Number(s) if known):	Date of Occurrence:

Incident

Arrest

Accident

<i>Internal Use Only</i>	
Report Provided Y/N	
Search while applicant waited Y?N	
Number of Pages	
Number of photographs	
Number of Videos	
Processed by	
Date processed	
Reason request was denied:	Amount Due \$

Voice: (860) 446-4180

FAX: (860) 448-1962

Email: policerecords@cityofgroton-ct.gov

www.cityofgroton.com