



POLICE RECORDS REQUEST FORM

Greenwich Police Department
General Services Division
11 Bruce Place
Greenwich, CT 06830
(203) 622-8024

You may use this form to request copies of police records. Although any written request for records may be submitted, use of this form is encouraged to ensure that you can be provided with the correct records as quickly as possible.

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

Please provide me with copies of the following case number(s). If you do not know the case number(s), please provide as much detailed information as possible (i.e., name of person, DOB, address, date & location of incident).

Once your request is completed, we will notify you and inform you of the total cost. **Charge is \$0.50 per page; \$19.50 per CD/DVD and \$26 per flash drive.**

OFFICIAL USE ONLY:

Received Date: _____ Prepared Date: _____ Preparer's Initials: _____

Reviewed By: _____ Date: _____ Approved By: _____ Date: _____

Redaction(s):

- | | |
|--|---|
| <input type="checkbox"/> Personal Identifiable Information | <input type="checkbox"/> Statements |
| <input type="checkbox"/> Medical Information | <input type="checkbox"/> Identity of informants, witnesses or minor witnesses |
| <input type="checkbox"/> Juvenile Information | <input type="checkbox"/> Investigatory techniques not otherwise known to the general public |
| <input type="checkbox"/> Collect/NCIC Information | <input type="checkbox"/> Name and address of the victim of a sexual assault |
| <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |

Denied:

- | | |
|---|--|
| <input type="checkbox"/> Open Investigation | <input type="checkbox"/> No Public Record |
| <input type="checkbox"/> Juvenile Record | <input type="checkbox"/> Uncorroborated allegations or Unfounded |

Total Cost: \$ _____ Date Completed: _____

Pages(s) _____ Photos _____ CD _____ BWC _____ Other _____