

Requestors Phone#:

900 Longbrook Avenue, Stratford, CT 06614 Phone: 203-385-4130 Fax: 203-380-6756 www.townofstratford.com



## **Stratford Police Department Records Request Form**

Officer's Name:	Police Case Number:
Officer's ID#	Date of Incident:
Type of Incident:	Search by Name:
Location of Incident:	
report to complete this form for the request records in a prompt fashion after review by	cords Division requires anyone requesting copies of any incident to be processed. The Records Division will provide all non-exempt this office. Most records are available within 5-10 business days of of information and report copies. Types of reports that will not be
<ul> <li>Pending cases</li> <li>Arrest Reports</li> <li>Arrest records of juveniles</li> <li>Information on the victim of sexual</li> <li>Medical Records</li> <li>Signed statements of witnesses</li> <li>Information to be used in a prospect</li> <li>Investigatory techniques</li> <li>Uncorroborated allegations</li> <li>Refer to Connecticut General Statut</li> </ul>	tive law enforcement action
Copies are available by person or by mail. requesting person must include the comple	We do not fax copies of reports. If a report is requested by mail, the te file number, a money order for the amount due and a self- ge, then .50 per page thereafter. Due to the large amount of calls
**Accident Reports are also available online@ http://www.buycrash.com. Other incident reports are not available online.**	
Requestors Name:	
Requestors Address:	
Town	

Records Division Hours: Tuesday-Friday 9am-4pm. Records Division Phone# 203-385-4130 Fax# 203-380-6756

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