



# NEW LONDON POLICE DEPARTMENT

## REPORT REQUEST FORM

Records Section  
5 Gov. Winthrop Blvd., New London, CT 06320

Name, Address, and Phone Number of person making request (We may need to contact you for further clarification regarding your request.):

\_\_\_\_\_  
\_\_\_\_\_

Date of Request: \_\_\_\_\_

### Report Information

**Type of Report:**

Incident

Arrest Report

Call(s) to Police Department

Arrest Warrant

Accident

Freedom of Information

Citation (Ticket)

Occurrence Date (or Date Range): \_\_\_\_\_

Occurrence Time (or Time Range): \_\_\_\_\_

Occurrence Location(s): \_\_\_\_\_

Name of person(s) involved: \_\_\_\_\_

Other information that you feel may help us in locating your report: \_\_\_\_\_

\_\_\_\_\_

Records Hours: 8:45 a.m.–3:45 p.m. Monday through Friday (closed on all federal holidays)

Cost for Copies: 50 cents per page (If you'd like your report mailed, please attach a self-addressed, stamped envelope to this request AND a check or money order, made payable to the City of New London, in the amount of \$5.)

Background Checks: Do NOT use this form to request a background check. Please visit or call the Records Division during regular business hours (860-447-5282) in order to obtain information regarding background check procedures.

Note that the release of any report copy is governed by state and federal regulations.