

EAST LYME POLICE DEPARTMENT
RECORDS DIVISION

SEND THIS FORM WITH FEE TO:
EAST LYME POLICE DEPARTMENT
RECORDS DIVISION
P.O. DRAWER 519
NIANTIC, CT 06357



DO NOT SEND CURRENCY, MAKE CHECKS PAYABLE TO: EAST LYME POLICE DEPARTMENT

Complete form as accurately as possible. Concise information will aid in an accurate search for the records requested

APPLICANT NAME: _____ APPLICANT DATE OF BIRTH: _____

APPLICANT ADDRESS (STREET/APT #): _____

APPLICANT ADDRESS (CITY/TOWN/STATE/ZIP): _____

APPLICANT PHONE: _____ POLICE CASE NUMBER: _____

NAME OF PERSON INVOLVED / VICTIM / COMPLAINANT / OFFENDER ETC: _____

TYPE OF COMPLAINT: _____ LOCATION OF COMPLAINT: _____

DATE OF COMPLAINT: _____ TIME OF COMPLAINT: _____

APPLICANT'S SIGNATURE: _____ DATE OF REQUEST: _____

FEE NOT REFUNDABLE. ALLOW 10 BUSINESS DAYS FOR PROCESSING
TYPE OF REQUEST (CHECK ALL THAT APPLY AND SUBMIT APPROPRIATE FEE)
ALL REQUESTS ARE SUBJECT TO STATUTORY REGULATIONS

CRASH REPORTS: ____ Standard Report \$5.00 (**In excess of 12 pages, ADD .50 per page.**)

CRIMINAL CASE REPORTS: ____ .50 Per Page

CD/DVD containing PHOTOGRAPHS, VIDEO and/or AUDIO files: ____ \$5.00

ALL OTHER RECORD REQUESTS: ____ .50 per page

Recd./Processed BY: _____ **Date:** _____ **Fee Paid:** _____

ALL GOVERNMENTAL AGENCIES ARE EXEMPT FROM CHARGES