



**POLICE DEPARTMENT
RECORDS DIVISION
TOWN OF BROOKFIELD, CT**

ROBIN L. MONTGOMERY
Chief of Police

REQUEST FOR COPY OF REPORT

Date of Request: _____

Requested By:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____

Brookfield Police Case Number: _____

Date(s) of Incident: _____

Names of Principal Parties:
(Indicate if Driver, passenger, victim, etc)

_____	_____	_____
Last	First	Involvement
_____	_____	_____
_____	_____	_____
_____	_____	_____

Additional Information if Available: _____

Please be advised that some records fall under Connecticut General Statute 1-210(b)(3), and therefore are exempt from release. If the records you requested are available, a charge a \$.50/page fee to provide copies. Additional charge if certified copies are needed. We will call you within two (2) business days to inform you of the total charge and to arrange pick up of such copy(s).