



POLICE DEPARTMENT  
RECORDS DIVISION  
TOWN OF BROOKFIELD, CT

JOHN G. PUGLISI  
Chief of Police

**REQUEST FOR COPY OF REPORT OR BODY CAMERA/VIDEO RECORDING**

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

Requested By:

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

Brookfield Police Case Number(s): \_\_\_\_\_  
\_\_\_\_\_

Date(s) of Incident: \_\_\_\_\_

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

_____	_____	_____
Last	First	Involvement

_____	_____	_____
Last	First	Involvement

_____	_____	_____
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). All body camera footage and video recordings are sent securely through evidence.com (Axon). An email address must be provided. There is no fee for sending body camera or video recordings via email.