



**CITY OF GROTON  
POLICE DEPARTMENT  
RECORDS DIVISION**

Date	
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**REQUEST FOR COPY OF POLICE REPORT**

Name of person requesting report:

Full Name	Email
Mailing Address	Phone Number(s)

***Fees for report copies will be charged at \$.50 cents per page. Photographs are \$2.00 each***

<b><i>Please provide the following information to identify the record:</i></b>	
Case Number	Date of Incident

<b><i>Internal Use Only</i></b>	
Report provided Y/N	
Search while applicant waited Y/N	
Number Pages	
Number of photographs	
Amount Charged	
Processed by	
Date processed	
Reason request denied	

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