



"To Protect and Serve"

WESTPORT POLICE DEPARTMENT

50 Jesup Road Westport, CT 06880
203-341-6000

FORM #

PD-56
REV 7-19

Form Title

REQUEST FOR RECORDS

Request Date: _____

Requestor:

Printed Name: _____

Address: _____

Best daytime phone #: _____

Email Address: _____

(Copy of Photo ID may be required)

Requested Information:

Incident/Complaint #: _____

Name & Date of Birth of Persons Involved:

_____ DOB ____/____/____

_____ DOB ____/____/____

Address/location: _____

Time frame: from ____/____/20__ to ____/____/20__

Please give a brief description of information needed. Include any case numbers, addresses, dates, and names of individuals involved (if not listed above).

****Reports cost \$0.50 per page, CD's with picture or video cost \$5.00 each.**

