TOWN OF MONTVILLE POLICE DEPARTMENT
911 NORWICH NEW LONDON TPKE
UNCASVILLE, CT 06382

REQUEST FOR COPY OF REPORT

Company/Name of person Requesting Report Copy:

First, MI, Last: _____

Mailing Address: _____

City, State, Zip Code: _____

Please include check or money order payable to **"MONTVILLE POLICE DEPARTMENT"** in the proper amount and mail to the Montville Police Department.

Indicate the number of uncertified reports requested @ $5 per request: _____

Indicate the number of CD's requested @ $10 per request: _____

Total Amount $ _____

E-Mail Address: _____ Phone#: _____

CASE NUMBER: _____

___ Traffic Crash – Date: _____ Time: _____ No Injury Serious Injury / Fatal

___ Criminal – Incident Date: _____ No Arrest / Arrest – Date of Arrest: _____

Name of any person(s) involved:

_____

Last, First How Involved Date of Birth (If available) License# (If available)

_____

Last, First How Involved Date of Birth (If available) License# (If available)

_____

Last, First How Involved Date of Birth (If available) License# (If available)

Additional Info:

FOR MONTVILLE POLICE DEPARTMENT USE ONLY:

(REV. 03/06/2025

Submit Form