



# New London Police Department – Records Division

## Freedom of Information Request Form

Hours: Monday-Friday 8:45AM-3:45PM

5 Governor Winthrop Blvd.

New London, CT 06320

Phone: 860-447-5282

E-Mail: [PD\\_Records@NewLondonCT.Org](mailto:PD_Records@NewLondonCT.Org)

Paid Date \_\_\_\_\_

Note this form is not to be used for Background Inquiries

Requestor Information: (Phone number and/or email required)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Records Requested: (Check all that apply-please provide as much information as possible)

Incident Report ☐

911/Telephone Recordings ☐

Accident Report ☐

Police Vehicle Video ☐

Citation ☐

Body Camera ☐

Other ☐: \_\_\_\_\_

Date of Occurrence or Date Range: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Person(s) involved: \_\_\_\_\_

Other information to define what you are seeking in your request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records are \$0.50 per printed page. If you would like your records mailed, please send a self-addressed, stamped envelope with a check or money order made out to the City of New London for \$5. All reports are subject to withholding or redaction based on statutes set forth in the Freedom of Information Act.

For Internal Use Only:

Date/Time Received: \_\_\_\_\_

Date

Activity

Comments


Activity can include: Contact attempts with requestor, sent to Detectives for 911/Telephone recordings, Sent to Evidence for A/V request, sent for redaction, sent to Supervisor for approval/releasability, date completed, etc.