

LARCHMONT POLICE DEPARTMENT

120 LARCHMONT AVE

LARCHMONT, NY 10538

RECORDS REQUEST FORM

Section 1

I, _____ of _____

Request a copy of the following:

FEES

Letter of Good Conduct: **\$ 4.00**

Reports: **\$ 0.25 per page**
(no fee for crime victims)

- Motor Vehicle Accident Report - Complete Section 2
- Aided Case Report - Complete Section 2
- Investigation Report - Complete Section 2
- Letter of Good Conduct - Complete Section 3

Section 2

Name of Person Involved: _____

Address: _____ Telephone #: (____) _____

Location of Incident: _____

Date of Incident: _____ Larchmont Police Case Number: _____

Section 3

Name: _____

Address Where You Reside/Resided in Larchmont and Length of Residency:
_____ from: _____ to: _____

Date of Birth: _____ Telephone #: (____) _____

Reason for Letter: _____

Number of Copies, including original: _____

ITEMS WILL BE: PICKED UP or PLEASE MAIL

Signature