



PUTNAM POLICE DEPARTMENT
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Records Release

PLEASE COMPLETE and PRINT CLEARLY

ALL (*) areas must be filled out to properly complete your request.

*Date of Request: _____ Case Number: _____

Name(s) Involved: _____

*Date of Incident: _____ Location: _____

*Report type/ description: _____

*Name of Requestor: _____ *Date of Birth: _____

Street Address: _____ City/State: _____

*Phone #: _____

The information provided in this report is intended solely for your use. Any other use of this information would be your decision and at your own risk. By signing this release form you agree to this statement.

*Requestor's Signature: _____ Date: _____

Released by: _____ Date: _____

For Office Use Only

Cost: \$ _____
(.50 cents per page)

Payment: Cash or Check #
(Please circle one)