



NEW MILFORD POLICE DEPARTMENT

49 POPLAR STREET • NEW MILFORD, CONNECTICUT 06776

SPENCER CERRUTO
CHIEF OF POLICE

VOICE (860) 355-3133
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“In Service To Our Community”

REQUEST FOR RECORDS CHECK

I, _____, date of birth: _____
give the New Milford Police Department permission to release my criminal record to me.**

SIGNATURE

DATE

Please list your maiden name or any aliases you may use.

Please list all addresses you have lived at in New Milford, **listing your current address first:**

PLEASE NOTE:

1. This is a department record check only. (This will only show a criminal record in the Town of New Milford, if one exists).
2. You have to be a resident of New Milford. (Past or present).
3. A readable copy of your State Drivers License or ID must accompany this form, if you cannot come to the PD in person.
4. It may take up to one week to complete your request.

Please provide us with a phone number to contact you or an address to mail the completed request.

**If someone else will be picking up the completed request, please write their name and phone number:

Thank you.