

# 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*