

## **Hartford Police Department**

812 VA Cutoff Road

White River Junction, Vermont 05001 Phone: 802-295-9425 Records: 802-478-1940 Fax: 802-291-9822

## **RECORDS REQUEST FORM**

Identification May Be Required

Date of Request:		Type of Incident:	
Date(s) of Incident:		Location:	
Incident/Case Number:		(if known)	
Requested By: First Nam	ne	 Last Name	. <u></u>
	<b>es</b> : \$25.00 Report*, \$5	ort Audio Recording Vio 0.00* Audio/Video Recordings *addit	ional cost may apply
Are you the:	Paid by Cash or Ch	neck/Money Order payable to the Tow	vn of Hartford
Victim Complain	nant Attorney	y (Circle one: Public Defender or Pr	rivate) Other
Contact Information:	n.	C mail Addrass	
Phone Number (nome or cen	):	E-mail Address:	
Mailing Address:			
City/Town:	State:	ZIP:	
Purpose for wanting this rep	ort: (if for court, ind	icate court date, or date needed b	y):
Person(s) Involved:			
r erson(s) involved.			
		Date of Birth:	
First Name	Last Name		
		Date of Birth:	
First Name	Last Name		
Law Enforcement investigat	ive police reports ar	e exempted from the Vermont Pu	blic Records Law as prescribed in Title 1 VSA
_		Section 317 (c) (5)	·
ALLOW 3-5 DAYS	TO PROCESS. INCOI	MPLETE FORMS MAY BE RETURNI	ED FOR FURTHER INFORMATION.
		INTERNAL USE ONLY	
Approved for release:		Chief Designee	Date:p
Denied release:		Chief Designee	Date:
Denied/Subpoena Requi	red		
dentification			
Number:	State:	Verified by:	Fee Received