



# LARCHMONT POLICE DEPARTMENT RECORDS REQUEST FORM

## SECTION 1

I, \_\_\_\_\_ of \_\_\_\_\_

Request a copy of the following:

**FEES**

Letter of Good Conduct: **\$ 20.00**

Accident Reports: **\$ 10.00**  
(no fee for Incident Reports)

- 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 or 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*