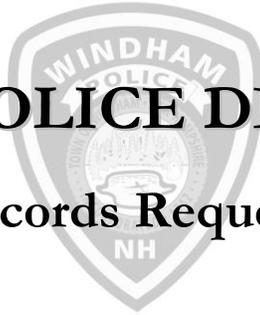


# WINDHAM POLICE DEPARTMENT

## Records Request



### Department Use Only

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Report: (check one)

Accident  Offense  Arrest

Date of Occurrence: \_\_\_\_\_

Case Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Released: \_\_\_\_\_

Processed by: \_\_\_\_\_

Number of Pages: \_\_\_\_\_

\* Fee: \_\_\_\_\_

*\* There is a \$6.00 fee for copies of reports.  
To have the report e-mailed, mailed or  
faxed, please pre-pay. Cash or Check only*