



CITY OF GROTON POLICE DEPARTMENT

295 Meridian Street
Groton, Connecticut 06340-4040

I, _____, DOB _____ REQUEST A COPY OF MY
CRIMINAL RECORD WITH THE CITY OF GROTON POLICE DEPARTMENT AS OF
THIS DATE. I UNDERSTAND THAT THIS RECORD IS FROM THE CITY OF GROTON POLICE
DEPARTMENT ONLY, AND THAT UPON RECEIPT OF THIS RECORD, THE CITY OF GROTON
POLICE DEPARTMENT IS NOT RESPONSIBLE FOR THE DISSEMINATION OF INFORMATION
THEREAFTER.

SIGNED _____ DATE _____

DATE	CHARGE	DISPOSITION
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RECORDS CLERK/OFFICER

Voice: (860) 445-2451
FAX: (860) 448-1962
www.cityofgroton.com