

West Haven Police Department



Records Division Incident Report Request



Records Number _____ Date Recorded _____ Fee Paid _____

Date of Request _____ Date Report Needed Returned By _____

Date of Incident _____ Case Number _____

Incident Location _____

Type of Incident _____ Arrest Made Yes No

Officer's Name _____ Badge Number _____

Requesters Name _____ Check # _____

Address _____ City _____

State / Zip Code _____ Phone Number _____