



# UNIVERSITY OF CONNECTICUT POLICE DEPARTMENT



## REQUEST FOR INVESTIGATION REPORT

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

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

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

Phone Number (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Reason: \_\_\_\_\_

Incident Number \_\_\_\_\_ Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_

Pick Up: Yes: \_\_\_ No: \_\_\_ If no, fill out where you want the report sent to below: (print legibly)

Mail to: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

- Copy of incident report will be available for pick up within 72 hours and will be left with the Dispatcher
- Records Division hours are Monday through Friday 8:30-4 p.m.

- There will be a \$0.25 per page charge on incidents that are 4 pages or more.
- Copies of incident reports with an arrest will not be given until a disposition from court is received.

### POLICE DEPARTMENT USE ONLY

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

Received from the UCONN Police Department on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_