



POLICE DEPARTMENT  
RECORDS DIVISION  
TOWN OF BROOKFIELD, CT

1. Print full name and date of birth of each subject.
2. You will receive a response indicating whether or not a **conviction record** has been found for each name and date of birth indicated. If a match is found, you will receive the **conviction charge and disposition information only**. ***WE WILL NOT FAX A CONVICTION RECORD IF ONE IS FOUND. WE WILL MAKE ARRANGEMENTS FOR PICK-UP OR MAILING OF THAT RECORD.***
3. This inquiry will be based on name and date of birth **ONLY** and **does not include motor vehicle violations**. Also, this is a search of **only** Brookfield, Connecticut.

Date of Request

Phone #

Check if you need the response letter:

Certified

**REQUESTOR INFORMATION:**

First Name      Middle Initial      Last Name      Maiden Name      Date of Birth

Street Address      City      State      Zip

**I am requesting a Criminal History Records Check on myself. Do not complete below section.**

**I am requesting a Criminal History Records Check on the below subject:**

**SUBJECT INFORMATION:**

*Only complete this section if different from the Requestor information indicated above.*

First Name      Middle Initial      Last Name      Maiden Name      Date of Birth

Street Address      City      State      Zip

Revised 04/16/15 ECP & DT