



TOWN OF STONINGTON
DEPARTMENT OF POLICE SERVICES
J. DARREN STEWART, CHIEF

SUBJECT'S NAME: _____ D.O.B. _____

I am requesting a copy of a criminal record for the above named individual as of this date. I understand that this record is from the Stonington Police Department only and that other police criminal records could exist in other jurisdictions.

NAME OF REQUESTER: _____ D.O.B. _____

COMPANY NAME (if applicable): _____

SIGNATURE: _____ DATE: _____

The information provided at this time is based upon current information. This information may change in the future based on further court action.

_____	_____
Authorized Signature	Date