



PUTNAM POLICE DEPARTMENT
189 CHURCH STREET
PUTNAM, CONNECTICUT 06260



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CHIEF OF POLICE
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Criminal History Request

First Middle Last Name

Name of Applicant: (Please print clearly) DOB:

(Other names I have been known by, if any) Social Security#

Address: Phone#:

The above name party does here-by request a criminal record(s) check for the following reason(s): (please check one)

Employment (name of agency)

Personal Request Adoption Military Other If Other, please explain:

I request a copy of my criminal record with the Special Services District of Putnam as of this date. I understand that this record is from the Putnam Police Department only, and that upon receipt of this record The Putnam Police Department is not responsible for the dissemination of information thereafter.

Signature of Applicant: Date:

Do not write below the dotted line - For Police Use Only

Criminal Records found in the Special Services District of Putnam, CT. :

[Blank lines for criminal records]

Please feel free to call me with any questions.

Sincerely,

Kristen Gillette
Records Specialist

Please Note
This Criminal History Check contains crimes that occurred within the Special Services District of Putnam ONLY. It does NOT contain any records from any other communities in the State of Connecticut or other states nor will it contain juvenile records if applicable