



# Suffield Police Department

911 Mountain Road Suffield, CT 06078

**Richard D. Brown**  
Chief

**Christopher M. McKee**  
Captain

## Police Records Check Suffield Police Department

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

I, \_\_\_\_\_  
(Full name)

\_\_\_\_\_ (Any other name I have been known by)

of: \_\_\_\_\_  
(Full present address)

Date of Birth \_\_\_\_\_ Place of birth \_\_\_\_\_  
(Month/Day/Year) (City/Town, state or country)

Social Security Number \_\_\_\_\_ (Optional)

Do hereby authorize the Suffield Police Department to conduct a local criminal records check and to disclose any such records which may be filed with the Records Department of the Town of Suffield, Police Department. I understand that this check does not include any juvenile offences.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Applicant - Print Name)

\_\_\_\_\_ Record Found

\_\_\_\_\_ No Record Found

This is a local records check only. A more extensive records check will be conducted through the State of Connecticut, Department of Emergency Services and Public Protection, State Police Bureau of Identification [SPBI], Criminal Conviction Information Request.

\_\_\_\_\_  
Elizabeth P. Sagan – Records Clerk

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IMC #