

Old Saybrook Department of Police Services
225 Main Street
Old Saybrook, CT 06475
(860) 395-3140
Fax (860) 395-3145

I, _____, request a criminal background check on myself from the Old Saybrook Police Department. I realize that this background check is limited to criminal history within the jurisdiction of the town of Old Saybrook.

Date: _____

Name: _____

D.O.B.: _____

Address: _____

Phone Number: _____

Signature: _____

Please complete this form and return to the Old Saybrook Police Department Records Division during business hours, Monday thru Friday 8am- 4pm, excluding Holidays. You must present a valid photo I.D for a background check to be completed.