TOWN OF MANSFIELD

CONNECTICUT STATE POLICE RESIDENT TROOPERS OFFICE

Request Form for State Police Services

Company Name: _____

MEETING LOCATION FOR TROOPER(S): _____

DATE(S): _____

NUMBER OF TROOPER (S) REQUESTED:_____

BEGINNING TIME: _____

APPROXIMATE ENDING TIME: _____

CONTACT PERSON: _____**CELLULAR PHONE #** _____

EMAIL: _____

_____ _____

(Signature and Title of Company Representative) **(Date)**

Mansfield Resident Troopers Office
Telephone: (860)429-6024 Fax: (860)429-4090
4. S. Eagleville Rd.
Mansfield, CT 06268