



Borough of Glen Ridge

Department of Public Safety

Police Department

3 Herman Street, Glen Ridge, New Jersey 07028



Sheila Byron-Lagattuta
Chief of Police
Director of Public Safety

Today's Date _____

Applicant Number _____

Police use only

Main (973) 748-5400
Records (973) 748-2995
Records Fax (973) 748-2595
records@glenridgenj.org
Detective Bureau (973) 748-4116
Fax (973) 748-8477

Chief Sheila Byron-Lagattuta
Glen Ridge Police Department

Reference: Request for Letter of Good Conduct

Dear Chief Byron-Lagattuta,

I respectfully request _____ Letter(s) of Good Conduct, \$10.00 each for the following reason(s):

Reason for request: _____

Name of Applicant: _____

First Name

Middle Name

Last Name

If Applicant is a Juvenile: _____ / _____

Signature

Printed name of parent/guardian

Current Home Address: _____

Proof of Residency required and must be submitted with this request.

Home Phone: _____ E-mail address: _____

Length of time residing at the above address: From: _____ To: _____

Date of Birth _____ Age: _____ Sex: Male or Female

Month / Day / Full Year

Circle

Social Security Number: _____ Resident Alien Number: _____

Place of Birth: _____

City and State

Country if outside U.S.A

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ Lbs.

Business: _____ Position held: _____

Business Name or Name of School

If you answered "School" what year are you in

Business/School Address: _____

Have you ever been arrested or refused a letter of Good Conduct?

Yes or No

If you answered "yes" provide the details on the back of this application.

Circle

I certify that the above statement is true and accurate, and that any false or misleading information is a criminal act, which I may be criminally charged for under New Jersey Criminal Code.

Signature of Applicant

Date

The process of this request may take up to fourteen days. Upon approval you will be notified via phone or email.

FOR POLICE DEPARTMENT USE

IHCS _____ CF _____ A Certified by: _____