

STATE CAPITOL POLICE

Officer Recognition Form  
CONNECTICUT

Submitter's Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Officer Being Recognized:**

Rank: \_\_\_\_\_ Name: \_\_\_\_\_ Badge #: \_\_\_\_\_

**Reason of Contact**

Date of Officer Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Officer Contact: \_\_\_\_\_

Please Provide Details of Officer Contact:

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**Mail Form to:** Chief Luiz Casanova  
State Capitol Police Department  
300 Capitol Avenue - Room 1200  
Hartford, CT 06106

**Or Fax #:** 860-240-5235