DOVER POLICE DEPARTMENT

46 Chestnut Street, Dover, NH 03820-3396 Records Bureau Telephone: (603) 516-6130

Request for Access to Police Reports and Public Records

Name:		Telephone:			
Street Addres	ss:				
City:	State: _	Z	ip code:		
• I am requ	esting information regar	ding the following situat	ion:		
Incident or	Case Number:	Date:	Time:		
Location: _					
Name and	birth date of persons involved	l:			
• I am mak	sing this request under the	e following circumstance	es:		
	authority of RSA Chapter 91-announced party, or legal represent				
• My involv	vement in this matter is b	est described as follows:			
Partici Witnes Other:	ipant Victin	n cance Company			
	at the information so released reporting this information. I his information.				
	\$20.00 for first 10 page send check in the am			• •	er".
SIGNATURE (OF APPLICANT:		Date of Request:		
Police witness:	·	F	Prepaid: Yes	□No	
		Identification ve	rified?: \[Yes	□ No	
		Form of ID:			_
		Release Authorization A	<u>Ipproval</u>		
Records Superv Division Comm Chief of Police	nander 🗌 Yes 🗌 No	Initials: If no, reason: If no, If no, If no, If no, If no,			_
Signature of Re	eleasing Authority:				
Report Released	d: () YES () NO	DATE:		(ReportRelease	e.doc)