

**DOVER POLICE DEPARTMENT**  
**46 Chestnut Street, Dover, NH 03820-3396**  
**Records Unit Telephone: (603) 516-6138**  
**Request for Access to Police Reports and Public Records**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

• **I am requesting information regarding the following situation:**

Incident or Case Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Name and birth date of persons involved: \_\_\_\_\_

• **I am making this request under the following circumstances:**

- Under authority of RSA Chapter 91-A, "Access to Public Records".
- As an involved party, or legal representative of an involved party.
- Under authority of RSA Chapter 21-M:8-k, "Rights of Crime Victims"

• **My involvement in this matter is best described as follows:**

- Participant  Victim
- Witness  Insurance Company
- Other (if choosing "other" please provide further explanation): \_\_\_\_\_

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomsoever from any liability arising out of, or resulting from the release of this information.

The fee for a report is \$20 for the first 10 pages and \$1 per additional page. You may include a check for \$20 when you mail or deliver your request form, and we will contact you if the cost will be higher due to the length of the report. Please make checks payable to "City of Dover." You may also pay by cash at the window, but credit/debit cards are not accepted. Please note that reports are only available for release if the investigation is complete.

SIGNATURE OF APPLICANT: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Police witness: \_\_\_\_\_

Prepaid?: Yes No      Identification verified?: Yes No      Form of ID: \_\_\_\_\_

*Release Authorization Approval*

Records Supervisor      Yes      No      Initials \_\_\_\_ If no, reason: \_\_\_\_\_

Division Commander      Yes      No      Initials \_\_\_\_ If no, reason: \_\_\_\_\_

Chief of Police      Yes      No      Initials \_\_\_\_ If no, reason: \_\_\_\_\_

Signature of Releasing Authority: \_\_\_\_\_

Report Released:      Yes      No      Date: \_\_\_\_\_