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:	Zi	Zip code:		
• I am requesting	g information regarding	g the following situati	on:		
Incident or Case 1	Number:	Date:	Time:		
Location:					
Name and birth d	ate of persons involved:				
Under authori	ty of RSA Chapter 91-A, "d party, or legal representation."	Access to Public Records	3".		
Participant Witness	nt in this matter is best of Victim Insurance osing "other" please provide	e Company			
for any error in report the release of this info		ase all persons whomsoe	ver from any liab	ility arising	
due to the length of	en you mail or deliver of the report. Please m t credit/debit cards are	ake checks payable			
Please note that re	eports are only availab	ole for release if the in	nvestigation is	complete.	
SIGNATURE OF AP	PLICANT:	Σ	oate of Request: _		
Police witness:		Pi	repaid?:	□ No	
		Identification ver	ified?: \[\] Yes	☐ No	
		Form of ID:			
		Release Authorization A	<u>pproval</u>		
Records Supervisor: Division Commander Chief of Police	☐ Yes ☐ No Initi	ials: If no, reason: _ ials: If no, reason: _ ials: If no, reason: _			
Signature of Releasing	g Authority:				
Report Released: () YES () NO DAT	TE:	(ReportRelea	seRequestForm.doc)