

DOVER POLICE DEPARTMENT

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.

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

- Participant Victim
 Witness Insurance Company
 Other: _____

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.

Copy fee: \$20.00 for first 10 pages, \$1.00 per page thereafter. If sending by mail, send check in the amount of \$20.00, made payable to "City of Dover".

SIGNATURE OF APPLICANT: _____ Date of Request: _____

Police witness: _____ Prepaid: Yes No

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: _____

(ReportRelease.doc)