

NEW HAMPTON POLICE DEPARTMENT

24 Intervale Drive
New Hampton, NH 03256

Request for Police Report

Name (please print)

Date

Mailing address

City, State and Zip Code

Telephone Number

Please provide me with a copy of the police report relative to:

Arrest: _____

Incident: _____

Accident: _____

Call for Service: _____

Other (describe): _____ Occurred on or about: _____

Person(s) Involved: _____

Please mail the report to the above address

I will pick up when ready

Payment must be received prior to release of report

Offense Report (up to 5 pages)	\$10.00
Plus (\$.25/page over 5 pages)	
Arrest Report (up to 5 pages)	\$10.00
Plus (\$.25/page over 5 pages)	
Accident Report (up to 5 pages)	\$10.00
Plus (\$.25/page over 5 pages)	
Calls for Service (1 page)	Free
CD/DVD (photos/audio/video)	\$20.00

Granted Date mailed/picked up: _____

Denied Reason: _____