

NEW HAMPTON POLICE DEPARTMENT
24 Intervale Drive
New Hampton, New Hampshire 03256

Request for Police Report

Name (please print)

Date

Mailing Address

City, State, and Zip Code

Telephone Number

I request a copy of the following report number _____. If the report number is not known, please provide the date, and the type of report (incident, arrest, other.)

Date

Report Type

You must be directly involved with the case in order to receive a copy. The New Hampton Police Department has the responsibility to redact (remove) certain information from certain reports in order to not jeopardize a current investigation, or violate the rights of a victim or a juvenile.

Payment for the report must accompany this request, according to the following fee schedule:

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	
Call for Service (1 page)	FREE
CD or DVD (photos, audio, video)	\$20.00
Accident Report	\$10.00
Plus \$.25/page over 5 pages	

Please mail report to the above address

I will pick up the report(s) when ready

GRANTED Un-redacted	Date Mailed/Picked Up _____	Init. _____
GRANTED REDACTED	Date Mailed/Picked Up _____	Init. _____