NEW HAMPTON POLICE DEPARTMENT 12 Pinnacle Hill Road 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 repois not known, please provide the date			
Date	Report Type		
You must be directly involved with the Department has the responsibility to border to not jeopardize a current investigation.	redact (remove) certain informa	tion from certain reports in	
Payment for the report must accompa Accident Report (up to	o 5 pages) \$10.00	e following fee schedule:	
Plus \$.25/page Offense Report (up to Plus \$.25/page	5 pages) \$10.00		
Arrest Report (up to 5 Plus \$.25/page	pages) \$10.00		
Call for Service (1 pag CD or DVD (photos, a	ge) FREE		
□ Please mail report to the abov□ I will pick up the report(s) where			
☐ GRANTED Un-redacted☐ GRANTED REDACTED	Date Mailed/Picked Up Date Mailed/Picked Up	Init Init.	