

Rochester Police Department Report Request

It is our goal to provide the public with access to all information defined as public by the law, while maintaining the confidentiality of information exempted from release. **Copies are \$.50 PER PAGE.** Requests will be processed for release as soon as possible, subject to regulations governed by NH RSA 91-A, the city of Rochester Right to Know Policy and/or Driver Privacy Act. ****All fields are required to be completed****

***Requested By:** _____

***Mailing Address:** _____

***Phone Number:** _____

*** E-mail Address:** _____

Use the space below to **describe the report you are requesting** with *as much detail as you have*, such as the report number if known, the officer's name, the **date** and **location** of incident, victims, complainants, or person(s) charged, and any other information which will aid in researching the report.

*****Documents Requested:**

For Internal Use Only

Approved Y/N Date: _____

Supervisor's Initials _____

Notes: _____

Fee Charged: \$ _____

___ Copy Prepared Date: _____

___ Copy Not Available, Returned Date: _____

___ Spoke to Requestor ___ CLM ___ Unable to Contact

Date Last Checked For Completion: _____

