

ALTON POLICE DEPARTMENT

REQUEST FOR REPORT(S) FORM

Name: _____ Date of Birth: _____ SocSec#: _____

Address: _____ Phone #: _____

_____ Phone #: _____

Incident - Date: _____ Time: _____ Case#: _____

Other(s) Parties Involved: _____

Description of Incident/Complaint: _____

Acknowledgement: I acknowledge that I will be billed for the report(s) requested according to the fees established by the Town of Alton, which are currently: \$5.00/1st page + \$1.00/per each additional page. Payment is due within 30 days of receipt of the invoice. I further acknowledge that this request is submitted on the date noted below and that I will be contacted within the next 5 business days of this request whether the record(s) requested is available, that my request has been denied with a written reason, or notice that additional time is needed to determine if such record release will be granted/denied (RSA 91A).

Signature: _____ Date: _____

**** Please indicate whether you will want to pick up this report or have it mailed to your address above. ___ Mail / ___ Pickup