DOVER POLICE DEPARTMENT

46 Chestnut Street, Dover, NH 03820-3396 Records Unit Telephone: (603) 516-6138 Request for Access to Police Reports and Public Records

Name:					
Street Address:		MALA		ABOL	
City:				1855	Zip code:
I am requesting infor	mation rec	garding t	he following s	ituation:	
Incident or Case Numb	oer:		Date:	- 37	Time:
Location:					
Name and birth date o					
 I am making this requirement of the Under authority of the As an involved part My involvement in the Participant Witness Other (if choosing) 	RSA Chapt ty, or legal nis matter i	ter 91-A, " represent is best de Victim nsurance	Access to Publicative of an investment of a follower of the company	ic Records". olved party. lows:	
information blameless for liability arising out of, or re The fee for a report is \$20 you mail or deliver your re report. Please make check	any error ir esulting fro for the first equest form s payable to	n reporting om the rele t 10 pages on, and we we on "City of	g this informat ease of this info and \$1 per ad will contact you Dover." You m	ion. I release a ormation. ditional page. u if the cost wi nay also pay b	I agree to hold any source of all persons whomsoever from any You may include a check for \$20 when ll be higher due to the length of the y cash at the window, but credit/debit e if the investigation is complete.
SIGNATURE OF APPLICANT: Date of Request:					e of Request:
Police witness:					
Prepaid?: Yes No			rified?: Yes		m of ID:
Release Authorization	A <i>pproval</i>				
Records Supervisor	Yes	No	Initials	_ If no, reason	;
Division Commander	Yes	No	Initials	_ If no, reason	:
Chief of Police	Yes	No			;
Signature of Releasing Au	thority:				
Report Released:	Yes	No	Date:		