



Charles Pelton
Chief of Police

AUBURN POLICE DEPARTMENT

55 EATON HILL ROAD, P.O. BOX 339
AUBURN, NEW HAMPSHIRE 03032

REPORT REQUEST

INSTRUCTIONS/RECORD REQUEST SUBMISSION GUIDELINES:

Please Print clearly and include a copy of a photo ID.

Forms not legible and/or not completed in its entirety will be returned.

Any records requiring color photos and/or longer than fifteen (15) pages may be subject to a fee.

Please be sure to indicate how you would like to receive your records.

Requestor will be notified as to the status of a request within five (5) business days of a completed request.

Records will only be released AFTER a photo ID has been verified.

REQUESTING PERSON (PLEASE PRINT NAME): _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

REASON FOR MAKING THE REQUEST: _____

DATE, LOCATION AND DETAILS OF RECORD REQUESTED (I.E. arrest, incident): _____

HOW WOULD YOU LIKE TO RECEIVE YOUR RECORDS (circle one): EMAIL MAIL FAX PICK UP AT OFFICE

SIGNATURE OF REQUESTOR: _____ DATE: _____

FOR OFFICE USE ONLY BELOW THIS LINE

A request has been made for a release of records. The request and the applicable record are attached. Please review and approve or disapprove.

CASE #: _____ NAME OF REVIEWER: _____ PHOTO ID VERIFIED: YES _____

SUPERVISOR REVIEW FOR RELEASE

CIRCLE ONE: APPROVED DISAPPROVED SUPERVISOR SIGNATURE: _____

Notes/Instructions: _____

Emergency
603-483-2922

Business
603-483-2134

Fax Number
603-483-2013