



AUBURN POLICE DEPARTMENT

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

Edward G. Picard
Chief of Police

RECORDS REQUEST

INSTRUCTIONS/RECORD REQUEST SUBMISSION GUIDELINES:

Please print clearly. Forms not legible and/or not completed in its entirety will be returned until such time it is completed.

Include all information below, if needed, use the back of this request form for additional information.

Please note a **PHOTO ID** is required either when submitting the request or when picking up the records.

The Auburn Police Department will mail, fax or email request forms or records, but will only do so after a PHOTO ID has been verified.

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

Please be sure to indicate how you would like to receive your records, request with no indication will be mailed AFTER a photo ID has been verified.

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

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

ADDRESS: _____ TELEPHONE: _____

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: _____ PHOTO ID:

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: _____

Supervisor approval for Release: SIGNATURE: _____ Circle one: Approved/disapproved

Notes/Instructions: _____

Emergency
603-483-2922

Business
603-483-2134

Fax Number
603-483-2013