



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. 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, requests 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): \_\_\_\_\_ 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**