



MAILTO: STRATHAM, NH POLICE DEPARTMENT
76 Portsmouth Ave.
Stratham, NH 03885

REQUEST FOR INCIDENT REPORT

Today's Date:	Date of Incident:	Location of Incident:	Case #: (If avail)
<i>NOTE: You are not required to supply the below information, however, it will assist us greatly in complying with your request. Per the Freedom of Information Act, the Stratham Police Department has five (5) business days to respond to this request.</i>			
Name:		DOB:	
Address:		City, State, Zip:	
Work/Day Phone #:	Evening Phone:	Cell Phone:	

Reason for request or additional information that will be helpful in researching this request:

Your Signature

Date

PAYMENT:

The cost for the report is \$1 for the first page and \$.50 every page after. NO CASH will be accepted; payment must be made with a check or money order made payable to the "Town of Stratham". There is no charge if you are the victim of domestic violence.

NOTE: If the item(s) you requested is/are not claimed within 30 days from the day you are notified, the item(s) will be destroyed and a new request will be necessary.

OFFICIAL USE ONLY

Date Received: _____ Date Released/Sent: _____ Case #: _____

Type of Request: Walk-In Request Mail-In Request Email Request

Type of Identification: Valid Photo Driver License State Issued Photo ID Valid Military ID
(Attach copy)

Valid Passport Other (specify) _____

ID Number: _____

Request Completed By: _____

Amount of Payment Received: \$ _____

Check or Money Order #: _____

Request Denied Reason: _____ Signature: _____

Notified: _____ Second Notification: _____ Destroyed: _____