



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	
<u>PAYMENT:</u> 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: <input type="checkbox"/> Walk-In Request <input type="checkbox"/> Mail-In Request <input type="checkbox"/> Email Request		
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State Issued Photo ID <input type="checkbox"/> Valid Military ID (Attach copy) <input type="checkbox"/> Valid Passport <input type="checkbox"/> Other (specify) _____		
ID Number: _____	Request Completed By: _____	
Amount of Payment Received: \$ _____	Check or Money Order #: _____	
<input type="checkbox"/> Request Denied Reason: _____ Signature: _____		
Notified: _____	Second Notification: _____	Destroyed: _____