

STRATHAM, NH POLICE DEPARTMENT

Request for Arrest Record/Criminal Discovery: SPD-F-35



Clear photocopy of valid State or Federal issued picture ID must be provided upon pickup

SECTION I

Name:	DOB:	SSN:	Driver License #	State:
Address:	City, State, Zip:			
Work/Day Phone #:	Evening Phone:	Cell Phone:		
Charge(s):	Date of Arrest:	Court Date:		
By signing below you are certifying that you are the individual listed above and that the information provided is true.				
Your Signature <i>(signed under penalty of unsworn falsification pursuant to RSA 641:3)</i>		Date		
PAYMENT: Cost of the report is \$1.00 for the first page and \$0.50 cents for every page after. Please contact the Administrator for exact cost if needed before pickup. NO CASH will be accepted; payment must be made with a check or money order payable to the "Town of Stratham".				

SECTION II

OFFICIAL USE ONLY

Date Received: _____	Date Released/Sent: _____	Arrest Number: _____
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: _____		
Employee Verifying Applicant ID (Print Name): _____		Signature: _____
Amount of Payment Received: \$ _____		Check or Money Order #: _____
<input type="checkbox"/> Request Denied Reason: _____ Signature: _____		