

## Request for Incident Report: SPD-F-34



<b>Today's Date:</b>	<b>Date of Incident:</b>	<b>Location of Incident:</b>
<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 the receipt of the request.</i>		
<b>Name:</b>		<b>DOB:</b>
<b>Address:</b>	<b>City, State, Zip:</b>	
<b>Work/Day Phone #:</b>	<b>Evening Phone:</b>	<b>Cell Phone:</b>
Reason for request or additional information that will be helpful in researching this request:		
<hr/> Your Signature		<hr/> Date
<b>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". There is no charge if you are the victim of domestic violence.</b>		

<i><b>OFFICIAL USE ONLY</b></i>		
<b>Date Received:</b> _____	<b>Date Released/Sent:</b> _____	<b>Case #:</b> _____
<b>Type of Request:</b> <input type="checkbox"/> Walk-In Request <input type="checkbox"/> Mail-In Request		
<b>Type of Identification:</b> <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)_____		
<b>ID Number:</b> _____	<b>Request Completed By:</b> _____	
<b>Amount of Payment Received: \$</b> _____	<b>Check or Money Order #:</b> _____	
<input type="checkbox"/> Request Denied    Reason: _____ Signature: _____		

