WILTON POLICE DEPARTMENT

REQUEST FOR POLICE REPORT

Date:		
	esting a conv of t	he police report(s) involving:
(PRINT YOUR NAME)		
Myself and/or		
Type of report: () Arrest () Accident () Incident () Other:		
Type of report. () fillest () filecident (j ilielaelle () O	
My information:		
Address:	Town:	State:
Phone #:	Email:	
(Signature)		
,		
FEES:		
() \$15 for the 1 st 5 page		
() \$.50 each additional page - pages @	.50 = \$	
() \$15.00 Disk or Thumb Drive	- C	:
Total Due: \$ Paid: Initials () Email is free Email address:	of person accept	ing:
() Email is free Email address.		
<i>\$</i>	0000000000000000000000000000000000000	0000000000000000000000000000000000000
PLEASE READ		
Please note that the report must be completed and approved before it is released. The report will be		
released within fourteen (14) days. In certain instances, if a matter is under an active investigation,		
the report may not be available until a later date.		
TO		
If the report involves a Motor Vehicle Accident or o NH Driver Privacy act (NH RSA 260:14) apply. In		
and receive copies of reports containing motor ve	-	-
accident/incident or a registered owner of a vehic		-
their request in writing and receive copies of the re		1
Approved: Chief of Police	Date:	