



# Ashland Police Department

20 Highland Street  
Po Box 885  
Ashland, New Hampshire 03217

Non emergency (603) 968-4000  
Fax (603) 968-4009

## RECORDS REQUEST

Today's Date: \_\_\_\_\_

Report Number (if known): \_\_\_\_\_

I would like to request a copy of the following, and understand that the charge, as set forth by the  
Town of Ashland, is (see below).

- 1.) There is no charge to victims of domestic violence or their advocates; 2.) Submit this form with payment to Records Division at the address listed above; 3.) Pre-payment MAY be required in some cases at the discretion of the Chief of Police; 4.) Reports will not be faxed.**

### PAYMENT MUST BE MADE BY CHECK OR EXACT CHANGE IF CASH

☐ Closed Incident / Arrest Reports

(\$15.00 for 10 Pages & \$1.00 per page thereafter)

\_\_\_\_\_  
*Victim/Defendant/Involved Name*

\_\_\_\_\_  
*Incident/Arrest Date*

☐ Accident Report:

(\$15.00 for 10 Pages & \$1.00 per page thereafter)

\_\_\_\_\_  
*Driver(s) Name(s)*

\_\_\_\_\_  
*Accident Date*

☐ Interview / Booking Video

(\$20.00) DVD format only

\_\_\_\_\_  
*Involved's Name*

\_\_\_\_\_  
*Video Date*

☐ Body Worn / In Car Camera Video

(\$20.00) DVD [ ] or Email [ ]

\_\_\_\_\_  
*Involved's Name*

\_\_\_\_\_  
*Video Date*

☐ Other/Unknown: (Please describe in detail - names of people involved, dates or time frame, location(s), etc.)

(\$15.00 for 10 Pages & \$1.00 per page thereafter) \_\_\_\_\_

Please [ ] call or [ ] mail when ready.

**Requested By:** \_\_\_\_\_  
Name (please print clearly)

Preferred method of pick up

[ ] mail

[ ] Email

[ ] in person pickup

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

Date Received \_\_\_\_\_ Intl's

Date Processed \_\_\_\_\_ Intl's

\_\_\_\_\_ page(s) / \$ \_\_\_\_\_

Paid [ ] Date \_\_\_\_\_