

____ page(s) / \$ _____ Paid [] Date______

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	Report Number (if known):			
1.) There is no payment to l	Town of As charge to victims of domestic v Records Division at the address cases at the discretion of the C	hland, is (see violence or th listed above	below). neir advocates; 2.) Sub ; 3.) Pre-payment MAX	mit this form Y be require	with	
P	AYMENT MUST BE MADE B	Y CHECK C	OR EXACT CHANGE I	F CASH		
Closed Inciden (\$15.00 for 10 Pag	t / Arrest Reports ses & \$1.00 per page thereafter	Victim/I	Defendant/InvOlved Name	Incident/Arre	est Dat	
☐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		Involve	Involved's Name		Video Date	
•	ı Car Camera Video or (\$20.00) Email []	Involve	Involved's Name		Video Date	
	n: (Please describe in detail - names ges & \$1.00 per page thereafter				2.)	
Preferred method of pick up		uested By:	y: Name (please print clearly)			
[] mail [] Email [] in person pickup			Mailing Address			
			City	State	Zip	
			Phone Number			
			Email Address			
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te Received	Intl's					