



EXETER POLICE DEPARTMENT

20 Court Street
Exeter, NH 03833



RECORDS RELEASE

Today's Date:	Date of Incident:	Location of Incident:
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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 Exeter Police Department has five (5) business days to respond to this request.

Full Name:	DOB:
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Address:	City, State, Zip:
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Work/Day Phone #:	Evening Phone:	Cell Phone:
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Reason for request or additional information that will be helpful in researching this request:

Your Signature

Date

OFFICIAL USE ONLY

Date Received: _____ **Date Released/Sent:** _____ **Case #:** _____

Type of Request: Walk-In Request Mail-In Request

Type of Identification: Valid Photo Driver License State Issued Photo ID Valid Military ID
(Attach copy) Valid Passport Other (specify) _____

ID Number: _____ **Request Completed By:** _____

Amount of Payment Received: \$ _____ **Check or Money Order #:** _____

Request Denied Reason: _____ **Signature:** _____