

Date Received _____ Intl's _____

Date ready for pick-up _____ Intl's _____

Wolfeboro Police Department
251 South Main Street, Wolfeboro, New Hampshire 03894

#(603) 569-1444 / Fax # 569-8170

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 Wolfeboro Police Department, is (see below). **Please note: 1.) Submit this form with payment to Wolfeboro Police Department at address listed above.**

Discovery Documents: (No cost to Defendant)

Defendant's Name: _____

Arrest Date: _____

Court Date if known: _____

Closed Incident/ Arrest Reports: (\$5.00 for the first page & \$1.00 for each additional pages)

Victim/Defendant Name: _____

Incident/Arrest Date: _____

Other/Unknown: (Please describe in detail – names of people involved, dates or time frame, location(s), etc.) (\$5.00 for the first page & \$1.00 for each additional pages. _____)

Requested by: _____
Name (please print clearly) Signature

Address _____
Address City State Zip Phone # Email

Other Fees not Specified above:

Color Photos \$5.00 each page

Attn: Dispatch Supervisor Lyons
Mlyons@wolfeboropolice.org

Please [] call or [] mail when ready.