



**RAYMOND POLICE DEPARTMENT**  
 SAFETY COMPLEX  
 1 SCRIBNER ROAD  
 RAYMOND, NEW HAMPSHIRE 03077  
 (603) 895-4222 FAX 895-0901



Michael R. Label  
 Chief of Police

# REPORT REQUEST FORM

Please complete and submit this form. Upon receipt, Records will process the report and notify you it is ready and the cost. The processing fee is \$0.53 for the first 10 pages and \$0.11 per page over 10 pages. **Cash is not accepted at the Police Department, but you may pay cash at the Town Office and bring the receipt to the station. Please make checks or money orders payable to the TOWN OF RAYMOND.**

All requests take between **5-7 business days to process**. Please only call the department at #895-4222 during normal business hours to check on the status of your report after the 5-day period has elapsed.

**TYPE OF REPORT REQUESTED:**

**MV ACCIDENT REPORT** Report # \_\_\_\_\_ CK/MO # \_\_\_\_\_  
 Date of Accident: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Driver: \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Other Drivers: \_\_\_\_\_

**POLICE INCIDENT REPORT** Report # \_\_\_\_\_ CK/MO# \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Type of Incident: \_\_\_\_\_  
 Parties Involved: \_\_\_\_\_

 **THIS FORM CANNOT BE USED TO REQUEST ACTIVE ARREST REPORTS. TO OBTAIN A COPY OF YOUR ACTIVE ARREST REPORT CONTACT THE PROSECUTION DEPARTMENT AT 895-0913.**

NAME - PLEASE PRINT \_\_\_\_\_ ADDRESS - PLEASE PRINT \_\_\_\_\_  
 Please CONTACT me to pick-up report: \_\_\_\_\_ Tel. #: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please MAIL this report to: \_\_\_\_\_  
 \_\_\_\_\_