



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 \$0.56 for the first 10 pages and \$0.12 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: _____