



# BARNSTEAD POLICE DEPARTMENT

CTR. BARNSTEAD, NH 03225



Paul A. Poirier, Chief of Police  
Station: (603) 269-8100

Dispatch: (603) 269-4281

[ppoirier@barnsteadpd.org](mailto:ppoirier@barnsteadpd.org)  
Fax: (603) 269-4282

## REQUEST FOR REPORT(S) FORM

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Incident – Date: \_\_\_\_\_ Time: \_\_\_\_\_ Case #: \_\_\_\_\_

Other(s) Parties Involved: \_\_\_\_\_

Description of Incident/Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Request: \_\_\_\_\_

\_\_\_\_\_

**Acknowledgement:** I acknowledge that I will be billed for the report(s) requested according to the fees established by the Town of Barnstead, which are currently: \$2.00 per page for police investigative reports, \$2.00 per page for Motor Vehicle accident reports. Payment is due within 30 days of receipt of the invoice. I further acknowledge that this request is submitted on the date noted below and that I will be contacted within the next 5 business days of this request whether the record(s) requested is available, that my request has been denied with a written reason, or notice that additional time is needed to determine if such record release will be granted / denied (RSA 91A).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Pickup

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Chief/Supervisor