



Town of Pittsfield Police Department

59 Main Street
Pittsfield, NH 03263

Request for Report(s) Form

Name: _____ DOB: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

Incident: Date: _____ Time: _____ Case #: _____

Description of Incident/Complaint:

Purpose of Request:

Acknowledgement: Updated 01/30/15

I acknowledge that I will be billed for the report(s) requested according to the fees established by the Town of Pittsfield, which are currently:

-Motor Vehicle Accident Reports: **\$25.00**

-Incident/Arrest Reports: **\$25.00** for first 10 pages, **\$0.50 cents** each additional page.

Payment is due upon receipt of the requested reports. I further acknowledge that this request is submitted on the date noted below and that I will be contacted within 5 business days of this request whether the requested report 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 (according to NH RSA 91a).

Signature: _____ Date: _____