



Orford Police Department

2529 Route 25A Orford NH 03777

Phone# 603-353-4252 Fax# 603-353-4251 Emergencies # 911

Chief Jason D Bachus

RECORDS DIVISION

This is my written request for report/incident #: _____

which occurred on (date) _____ . The Officer who handled this incident is

(if known): _____ .

I understand that the cost of this report is a prepayment of \$25.00 and that the Chief of Police reserves the right to control the release of all department records. I also understand that if released, I will receive my report/incident in the mail in approximately seven to ten days.

Please explain briefly the purpose of your request and what type of report you are requesting (accident, theft, etc.):

Date

Name Printed/Signature

Telephone Number

Mailing Address:

Make Check Payable To:

Town of Orford

Return This Form & Payment To:

Orford Police Department
2529 Route 25A
Orford, NH 03777