

Seabrook Police Department



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Michael T. Gallagher

Chief of Police

Brett J. Walker

Deputy Chief of Police

DEFENDANT'S REQUEST FOR DISCOVERY

NAME: _____

COURT DATE: _____

CHARGE(S): _____

MAILING ADDRESS: _____

TELEPHONE HOME: _____

WORK: _____

DATE REQUESTED: _____

NOTE: ALL INFORMATION MUST BE COMPLETED OR YOUR REQUEST CANNOT BE FILLED.

AUDIO/VIDEO FILES WILL BE RETAINED FOR 30 DAYS.

IF THIS REQUEST IS NOT MADE PURSUANT TO AN ACTIVE CRIMINAL CASE YOU WILL BE CHARGED \$25.00 PER REPORT. YOU WILL BE CALLED AND ADVISED OF THE TOTAL NUMBER OF PAGES AND THE RESULTING AMOUNT DUE. ONLY UPON PAYMENT WILL THE REQUEST BE HONORED.

DEFENDANT'S SIGNATURE: _____