

Seabrook Police Department



7 Liberty Lane, P.O. Box 456
Seabrook, NH 03874
Phone: (603) 474-5200
Fax: (603) 474-7242

Brett J. Walker
Chief of Police

Kevin M. Gelineau
Deputy Chief of Police

REQUEST FOR REPORT RELEASE

I, _____, request a copy of the following reports, as described below (please give as much detail as to what you want as possible. Such as: date, approximate time, name(s) involved, etc.)

I understand my request will be complied with when the records are fully processed and approved. I understand I will be contacted at the number below when the documents are ready for pickup/viewing. I acknowledge that I will be charged \$25.00 per report to cover the cost of processing my request.

Signed: _____ Telephone #: _____

Date of Request: _____ Cell Phone #: _____

*****DO NOT WRITE BELOW THIS LINE*****

Processing Officer: _____ Date Processed: _____

Case Number: _____

Request is: APPROVED DENIED--Reason for Denial: _____

Date/Time Requestor was contacted: _____ am/pm by _____

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