

LACONIA POLICE DEPARTMENT
Laconia, New Hampshire

RECORDS REQUEST

TODAY'S DATE: _____

Your Name: _____

Phone Number: _____

Report Number (if known): _____

Date of Incident: _____

Location of Incident: _____

Names of parties involved: _____

REPORT COST IS \$1.00 PER PAGE

**You will be contacted by someone in Administration
when your request has been completed**

**EXACT CHANGE IS GREATLY APPRECIATED
WHEN PICKING UP YOUR REPORT!!!**