

Request for: Incident Report _____

Arrest Report _____

Town of Milford

POLICE DEPARTMENT 19 Garden Street Milford, NH 03055 603-249-0630

> Michael J. Viola **Chief of Police**



REQUEST FOR INFORMATION UNDER RIGHT-TO-KNOW LAW RSA 91-A

PLEASE TYPE OR PRINT CLEARLY

Date of Incident/Arrest	·			
Location of Incident/A	rrest			
Name:	Middle			
First	Middle	Last		
Address:	City			
Street	City	State	Zip Code	
Phone Number (option	al):			
Your Signature (option	al):			
	COST: \$0.50 per I	Page / \$25.00 per	Electronic Media	
		formed in writing v	d with-in five (5) business days why information is being with-	
a. Interference with Law Enforcement Procedures b		b. Accused's R		
		d. Confidential	d. Confidential Source	
e. Investigative Techniqu	es and Procedures ysical Safety of Law Enforce	mant Parsannal		
1. Endangering Life of Fil	ysical Salety of Law Ellioice	ment reisonner		
OFFICIAL USE ONLY				
te Received: Date Released/Sent:				
edacted (with-held) Information	on?: Yes N	Vo		
eason Redacted: Invasion	n of PrivacyJuvenile Matte	r Confidentialit	ty Issue	
			(Rev. 2/10/22)	