

CHESTER POLICE DEPARTMENT

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Emergency 9-1-1

Chief of Police
Aaron P Berube

Use this form for right to know requests
ADJUDICATED ARRESTS / INCIDENTS / ACCIDENTS ONLY

Requestor's Name: _____

Address: _____

Phone: _____

RE: _____

DOB ____ / ____ / ____

This letter is to request copy/copies of report(s) listed above. I understand that some juvenile, domestic abuse, and mental health related matters may not be available to me based on the laws of the State of New Hampshire. I understand that all reports will be redacted to protect the rights of individuals involved.

Signature

Date

This portion to be filled out by Chester Police Department

Received By:

Name

ID #

Date

Time