



Marlborough Police Department

P. O. Box 487~ 236 Main Street
Marlborough, New Hampshire 03455-0487
Office: (603) 876-3311 FAX: (603) 876-3690

REQUEST FOR COPY OF POLICE REPORT

Please indicate your request for a copy of a Police Report. You will receive an invoice for the cost of the report (@.50 cents per page) within 5 working days and you will be notified after payment is received when you can pick up the report. If you require the report to be mailed please indicate that at time of your request. There will be a charge for postage. Requests without payment will not be processed.

ALL ACCIDENT REPORTS ARE PROCESSED AT \$15.00 per REPORT.

Please make sure all of your information is accurate on this form for timely communication.

Name: _____ DOB: _____

Address: _____ Tel. No. _____

Mailing Address: _____

I would like to request a copy of a Police Report: _____

Date of Request: _____ Signature: _____

The Town of Marlborough prohibits discrimination on the basis of race, color, national origin, sex, sexual orientation, religion, age, disability, marital or family status.

The Town of Marlborough is an equal opportunity employer.