



# Exeter Police Department RECORDS RELEASE



Requesting Person (Please Print NAME) \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Signature \_\_\_\_\_

Reason for making request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date, location, and details of records requested

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For office use only below this line

A request has been made for a release of records. The request and the applicable record are attached. Please review and approve or disapprove.

Case#: \_\_\_\_\_

Reviewer (Please Print NAME): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Circle one:  Approved/ Disapproved for release.

**SIGNATURE:** \_\_\_\_\_

Notes/Instructions: \_\_\_\_\_

\_\_\_\_\_