

**Request for Arrest Report**

**Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  
**Arrest Date:** \_\_\_\_\_  
**Charge(s):** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Once you have completed this form, it must be submitted to the Hudson Police Department in person, by mail or by fax:*

Address: Hudson Police Department  
1 Constitution Drive  
Hudson, NH 03051  
Attn: Legal Division

Fax: (603) 886-0605

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**Information to Defendants:**

- There is a \$10 fee for **each** report. This fee must be paid in full upon completion.
- If you decide to hire an attorney in this matter, you will be responsible for delivering these reports to your attorney.
- Requests are filled in the order they are received. Please understand that we receive multiple requests per week and we will do our best to get these reports to you as quickly as possible. You will be contacted as soon as they are ready.