**COMMENDATION FOR POLICE PERSONNEL**

Please complete this form to the best of your abilities and submit it to a Jaffrey Police Department supervisor as soon reasonably possible. You can email it [police@townofjaffrey.com](mailto:police@townofjaffrey.com) , mail it to 26 Main Street, Jaffrey, NH, 03452, or drop it off in person during normal business hours. If you need assistance please call 603-532-7865.

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| **PERSON SUBMITTING COMMENDATION** | | |
| Name: | | |
| Address: | | |
| Phone Numbers: | Cell- | Home- |
| Email: | | |

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| **OFFICER(S) SUBJECT OF COMMENDATION** | |
| Name: | Rank: |
| Badge Number: | |
| Physical description if name/badge unknown: | |
|  | |
| Name: | Rank: |
| Badge Number: | |
| Physical description if name/badge unknown: | |
|  | |
| Name: | Rank: |
| Badge Number: | |
| Physical description if name/badge unknown: | |

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| **NATURE OF COMMENDATION**  (Please describe the nature of the commendation as thoroughly as possible.) | |
| Date/Time of Incident: | Location: |
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| **OATH OF VALIDITY** | |
| I sincerely and truly declare and affirm that the facts contained herein are complete, accurate, and true to the best of my knowledge and belief. Further, I declare and affirm that my statement has been made by me voluntarily and without persuasion, coercion, or promise of any kind. | |
| Signature: | Date: |