



# SUGAR HILL POLICE DEPARTMENT

1411 Route 117/P.O. Box 567  
Sugar Hill, NH 03586  
Bus: 603-823-8725 Fax: 603-823-8446

## REQUEST FOR POLICE REPORT

Print or Type Clearly

Date of Request: \_\_\_\_\_

I would like to request a copy of the following report(s), and understand that the charge for reports, as set forth by the Town of Sugar Hill, is fifty cents per page or \$5.00, depending on the length and method of delivery of the report. Please note that there is no charge to victims or their advocates for reports that are domestic violence related. ***If this request is for a report that is domestic violence related, please include your court date or the date you need this by: \_\_\_\_\_.***

Request for:  **Accident Report** # \_\_\_\_\_  **Arrest Report** # \_\_\_\_\_  
 **Incident Report** # \_\_\_\_\_  **Call for Service** # \_\_\_\_\_

Date of Accident/Incident/Arrest/Call: \_\_\_\_\_

Location of Accident/Incident/Arrest/Call: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Pursuant to Driver Privacy Act RSA 260:14, III, for accident report request ONLY, please check:

- You are the  Owner of involved vehicle  
 Operator of involved vehicle  
 Passenger in involved vehicle  
 Pedestrian hit by involved vehicle  
 Owner of property damaged as a result of the accident

Reason for your request or additional information that will be helpful in researching this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Date Released/Mailed: \_\_\_\_\_

Type of Request:  walk-in request  mail-in request  faxed request  
Type of Identification:  Valid Photo Driver License  State issued Photo ID  Military ID  
 Valid Passport  Other (specify) \_\_\_\_\_

Request completed by: \_\_\_\_\_ Date: \_\_\_\_\_