



HENNIKER POLICE DEPARTMENT
 340 WESTERN AVENUE
 HENNIKER, NH 03242
 Bus: 603-428-3213 Fax: 603-428-7509
records@hennikerpd.com

REQUEST FOR POLICE REPORT
 Print or Type Clearly

Date of Request: _____

I would like to request a copy of the following report(s):

- Accident Report** # _____ **Arrest Report** # _____
 Incident Report # _____ **Call for Service** # _____

Date of Accident/Incident/Arrest/Call: _____

Location of Accident/Incident/Arrest/Call: _____

Requester's Information

Name: _____
 LAST (MAIDEN) FIRST MI

Address: _____
 STREET CITY STATE ZIP

Date of Birth: _____ Daytime Phone Number: _____

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

- You are the: Owner of involved vehicle
 Operator of involved vehicle
 Passenger in involved vehicle
 Victim / Defendant of incident
 Owner of property damaged

Reason for your request or additional information that will be helpful in researching this request. ***If requesting an arrest, incident or call for service report, include the name and date of birth of the person in question.***

 Your Printed Name

 Your Signature

OFFICIAL USE ONLY			
Type of Request:	<input type="checkbox"/> Walk-in	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail-In <input type="checkbox"/> Faxed
Type of Identification:	<input type="checkbox"/> Valid Photo Driver License	<input type="checkbox"/> State issued Photo ID	<input type="checkbox"/> Military ID
	<input type="checkbox"/> Valid Passport	<input type="checkbox"/> Other (specify) _____	
Completed by: _____	Date Released: _____	E-Mailed / Faxed / Mailed / Handed	