

Hillsboro Police Department

Records Division

PO Box 1489

Hillsboro, NH 03244

Fax: (603)464-6052

**REQUEST FOR INFORMATION**

PLEASE TYPE OR PRINT CLEARLY

Clear Photocopy of valid State of Federal issued picture ID must accompany each request

Request for:  **Accident Report (\$20.00)** Case # \_\_\_\_\_  
 **Incident Report (\$20.00)** Case # \_\_\_\_\_  
 **Booking Room Security Tape (\$40.00)** Case # \_\_\_\_\_

Date of Accident/incident \_\_\_\_\_

Location of accident/incident \_\_\_\_\_

Name: \_\_\_\_\_  
Last (Maiden) First Middle

Address: \_\_\_\_\_  
Street City State Zip

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

Day 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 request or additional information that will be helpful in researching this request:

Your Signature: **X** \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Date Released/Sent: \_\_\_\_\_

Type of Request:  Walk-In Request  Mail-In Request  Faxed Request

Type of ID  Valid Photo Driver License  State Issued Photo ID  Valid Military ID  
 Valid Passport **ID Number:** \_\_\_\_\_

Request Completed By: \_\_\_\_\_

Signature Person Receiving Information: **X** \_\_\_\_\_