

## SUNAPEE POLICE DEPARTMENT 9 Sargent Road, P.O. Box 91, Sunapee, NH 03782

Phone: (603) 763-5555

Fax: (603) 763-4771



## **REQUEST FOR POLICE REPORT**

(Print or Type Clearly)

Date of Request	t:				
by the Town of S report. Please n related. <i>If this r</i>	Sunapee, is fifty cents ote that there is no ch	per page or \$5.00 parge to victims or that is domestic	and understand that the change of the length at their advocates for reports of the control of th	and method of delivery of that are domestic violence	of the ce
Request for:	☐ Accident Report	#	_	#	
	☐ Incident Report	#	□ Call for Service	#	
Date of Acciden	t/Incident/Arrest/Call:				
Location of Acci	dent/Incident/Arrest/C	all:			
Name:		EN)	FIRST	MI	
Address:	STREET		CITY S	STATE ZIP	
Date of Birth: Social Security Number:					
Daytime Phone	Number:				
Pursuant to Driv	ver Privacy Act RSA 2	— 60:14, III, for accid	— dent report request ONLY, p	olease 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			Signatu	re	
		OFFICIAL	USE ONLY		
Date Received: Date Released/Mailed:					
Type of Request Type of Identific	t:	o Driver License	☐ mail-in request☐ State issued Photo ID☐ Other (specify)	·	
Request completed by: Date:					