



# Sugar Hill Police Department

P.O. Box 567 Sugar Hill, NH 03586  
Tel: 603-823-8725 \* Fax: 603-823-5921

Michael Ho-Sing-Loy  
Chief of Police

## REQUEST FOR POLICE REPORT

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

I would like to request a copy of the following report(s), and understand that the charge for the reports, as set forth by the Town of Sugar Hill, is \$20.00. 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:

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

### OFFICIAL USE ONLY

Date Received: \_\_\_\_\_ Date Released/Mail: \_\_\_\_\_

Type of Request:  Walk-in request  Mail-in request  Faxed request  
Type of Identification:  Valid Photo Driver's License  State issued Photo ID  Military ID  
 Valid Passport  Other (Specify) \_\_\_\_\_

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