



New London Police Department
Mailing: 375 Main St., New London, NH 03257
Physical: 25 Seamans Rd, New London, NH 03257
Phone: 603-526-2626 Fax: 603-526-2782

REPORT REQUEST FORM

REQUEST FOR:

___ Accident Report # _____ (if known)
___ Incident Report # _____ (if known)
___ Arrest Report # _____ (if known)

Date of Occurrence: _____

Location of Occurrence: _____

Your Name: _____

Your Address: _____

Your Date of Birth: _____ SSN: _____
(optional)

Day Time Phone: _____ You will be contacted when report is ready for pick-up. Official ID will be required. If applicable, exact change or a check payable to the New London Police Department will be due at the time of pick-up. Reports will be held for 30 days.

FOR ACCIDENT REPORT REQUEST ONLY, pursuant to the Driver Privacy Act RSA 260:14, III, please check below. You are the:

- ___ Operator of involved vehicle
- ___ Owner of involved vehicle
- ___ Passenger in involved vehicle
- ___ Pedestrian hit by involved vehicle
- ___ Owner of property damaged as result of accident

Reason for request, or additional information that may be helpful in researching this request:

Your signature: _____

FOR POLICE DEPARTMENT USE ONLY

Date Received: _____ Date Released: _____

Released by: _____

Type of Identification: ___ Valid Photo Driver License ___ State issued photo ID

___ Valid Military ID ___ Valid Passport ___ Other (specify) _____

