TOWN OF HOPKINTON
POLICE DEPARTMENT
1696 Hopkinton Road
P.O. Box 499
Hopkinton, New Hampshire 03229-0499
Telephone (603) 746-5151 Fax (603) 746-4166

Stephen Pecora
Chief of Police

REQUEST FOR POLICE REPORT

PLEASE TYPE OR PRINT CLEARLY

Check one: □ Accident Report □ Incident Report □ Arrest Report

Date of accident/incident/arrest ____/____/____ Report Number (if known) _____

Location of accident/incident/arrest _____

Name _____
LAST FIRST MI

Address _____
STREET CITY STATE ZIP

Date of Birth ____/____/____ Social Security Number _____-_____-_____ Phone Number (____)_____-_____

FOR ACCIDENT REPORTS ONLY: Pursuant to the Driver Privacy Act, RSA 260260:14, III, please check the applicable:

You are: □ Owner of an involved vehicle
□ Operator of an involved vehicle
□ Passenger in an involved vehicle
□ Pedestrian involved in accident
□ Owner of damaged property in accident

Please state your reason for your request or additional information that will be helpful in researching this request:
_____
_____

POSITIVE IDENTIFICATION AND FEE OF $20.00 UP TO 20 PAGES AND $1.00 PER PAGE FOR EACH PAGE THEREAFTER, EITHER CASH OR CHECK MADE PAYABLE TO THE TOWN OF HOPKINTON, MUST ACCOMPANY THIS REQUEST.

Signature _____ Print Name _____

OFFICIAL USE ONLY

Date Received____/____/____ Date Released/Sent ____/____/____ Form of payment _____

Type of Request □ Walk-in □ US Mail □ e-mail □ Faxed
Type of ID □ Valid Driver's License □ State Photo ID □ Valid Military ID □ Passport
□ Other(specify) _____ □ **Discovery** **NO FEE FOR DISCOVERY**

Request completed by _____ Date ____/____/____

J: Forms\Police Report Request Revised: 5/29/15