



Belknap County Sheriff's Dept.

Report Request Form

42 County Drive, Laconia, NH 03246



Please make check payable to "Belknap County Sheriff's Department"
Accident/Crime Report Fees.....Fees are \$1.00 for First Page, then \$0.25 thereafter (\$5.00 minimum).
Reports requested or requiring a CD/DVD \$25 flat fee.
Photo ID/Company Letterhead and Payment due at time of report pick up.
In the event this request is a result of your arrest (discovery requests), please contact the Prosecutor at 603-729-1258.

Please complete all four sections below and sign. **ONLY one report per request form.** Please provide as much information as possible. This form may be delivered in person or mailed to the Sheriff's Department.

1. Your Name: _____
First Name Last Name

Address: _____
Street # Street Name City State Zip Code

Telephone: _____
Include Area Code

2. Check applicable type of report:

Traffic Accident Crime Report

Case Report Number: _____
Date of Incident: _____
Location of Incident: _____
Cross Street: _____
Parties Involved: _____

I certify that I am:

- Named in the Report (check this box to certify that you are named in the requested report)
- The Victim in this Case (check this box to certify that you are the victim in the requested report)
- Otherwise involved (check this box, AND chose from the options below)

An Insurance Agent: _____
(Name of Company)

A Government Agency: _____
(name of Agency)

An Authorized Representative of: _____
(Person Named/Otherwise Involved with the Report)

Please provide in complete detail you reason for requesting a copy of this report:

Signature: _____ Date: _____
Driver's License Number: _____ State: _____

Release: Approved Denied

Sheriff/Designee Signature: _____ Date: _____