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 calculated based on the number of pages in the report)

Fees are $1.00 for First Page, then $0.25 thereafter. 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:_____