



Bethlehem Police Department

P.O. Box 808 Bethlehem, NH 03574
Tel: 603-869-5811 * Fax: 603-869-3342

Jeffrey Dube
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 reports, as set forth by the Town of Bethlehem, 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: ___/___/___

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:

Printed Name

Signature

OFFICIAL USE ONLY

Date Received: _____ Date Released/Mailed: _____

Type of Request: walk-in request mail-in request faxed request

Request completed by: _____ Date: _____