



**HAMPTON POLICE DEPARTMENT**

100 Brown Avenue  
Hampton, New Hampshire 03842  
603-929-4444(B) 603-926-0570(F)

**REQUEST FOR REPORTS**

Print or Type Clearly

Date of request: \_\_\_\_\_

Type of report being requested:

Accident  Incident  Other  \_\_\_\_\_

What is the report number that you are requesting?

Report number: \_\_\_\_\_

Please provide the names of victims, drivers, or involved parties in order to research your request.

Victim, Driver, Involved Parties Name: \_\_\_\_\_

This report should be mailed to:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**BILLING INFORMATION: There is a \$25.00 fee for this request. Payment must be made before the report is mailed to you or picked up at the Hampton Town Office, 100 Winnacunnet Road, Hampton, NH 03842.**

Same as above

If different from above:

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Internal Use Only:

Date Received: \_\_\_\_\_

Date Forwarded: \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_

Employee Name: \_\_\_\_\_