



# UNH POLICE DEPARTMENT

18 Waterworks Road  
Durham, NH 03824

BUSINESS (603) 862-1427 FAX (603) 862-1966



## REQUEST FOR ACCESS TO POLICE REPORTS AND PUBLIC RECORDS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- **I am requesting information regarding the following situation:** (Provide the best information available)

Incident or Case Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Name and birth date or age of persons involved: \_\_\_\_\_

- **I am making this request under the following circumstances:**

Under the authority of RSA Chapter 91-A, "Access to Public Records"

As an involved party, or legal representative of an involved party

- **My involvement in this matter is best described as follows:**

Participant  Victim / Survivor

Witness  Insurance Company

Other (please provide further explanation): \_\_\_\_\_

I understand that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information. I release all persons whomever from any liability arising out of, or resulting from the release of this information.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

Identification Verified? Yes No Form of ID: \_\_\_\_\_

### Release Authorization:

Division Commander: Yes No If no, reason: \_\_\_\_\_

Chief of Police Yes No If no, reason: \_\_\_\_\_

Signature of Releasing Authority: \_\_\_\_\_ Date: \_\_\_\_\_