

MAIL OR FAX TO:

Hinsdale Police Department  
**OFFICE MANAGER**  
10 Main Street P.O. Box 138  
Hinsdale, NH 03451  
Fax: (603)336-5721

**REQUEST FOR RECORDS REPORT**

PLEASE TYPE OR PRINT CLEARLY

Clear photocopy of valid State or Federal issued picture ID must accompany each request

**Request for: Incident/CAD Report # \_\_\_\_\_**

Date of accident/incident \_\_\_\_\_ Location \_\_\_\_\_ of  
accident/incident \_\_\_\_\_

Name: \_\_\_\_\_  
LAST (MAIDEN) FIRST MI

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Day phone number \_\_\_\_\_

Reason for request or additional information that will be helpful in researching this req.

Your Signature: \_\_\_\_\_

**OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Date Released/Sent: \_\_\_\_\_

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

Type of Identification:  Valid Photo Driver License  State issued Photo ID  Valid  
 Valid  Other (specify) \_\_\_\_\_

ID Number: \_\_\_\_\_

Request completed by: \_\_\_\_\_