Town of Milford

POLICE DEPARTMENT

Milford Police Department
19 Garden Street
Milford, NH 03055-4304
(603) 673-7742
Fax (603) 672-6025
www.milford.nh.gov
Fred Douglas, Chief of Police

REQUEST FOR ACCIDENT REPORT

PLEASE TYPE OR PRINT CLEARLY

Date of Accident _____

Location of Accident _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone Number: _____

Pursuant to Driver Privacy Act RSA 260:14, III, 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
___ legal guardian of person involved in accident

All requests under RSA 91-A (Right-to-know Law) shall be issued within five (5) business days or the person requesting said information shall be informed in writing why the information is being with-held.

COST: $0.50 per Page / $35.00 per Electronic Media

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's License ___ State issued photo ID
___ Valid Military ID ___ Valid Passport ___ Other _____

Redacted Information (check one): _____ *yes* _____ *no*

Reason (check one): _____ *Invasion of Privacy,* _____ *Juvenile Matter,* _____ *Confidentiality Issue*

EQUAL AND EXACT JUSTICE TO ALL

Revised 11/07