

HANOVER POLICE DEPARTMENT RECORDS DIVISION

This is my written request for report/incident #: _____
which occurred on (date) _____. The Officer who handled this incident is
(if known): _____.

I understand that the cost of this report is a **prepayment** of **\$20.00** and that the Chief of Police reserves the right to control the release of all department records. I also understand that if released, I will receive my report/incident in the mail in approximately seven to ten days.

Please explain briefly the purpose of your request and what type of report you are requesting (accident, theft, etc.):

Date	Name	Telephone Number
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Mailing Address: _____

Make Check Payable To: Town of Hanover

Return This Form & Payment To: Hanover Police Department
Records Division
46 Lyme Road
Hanover, NH 03755