



Office of the Sheriff
SULLIVAN COUNTY SHERIFF'S OFFICE
 JOHN P. SIMONDS, High Sheriff

14 Main Street
 P.O. Box 27
 Newport, New Hampshire 03773-0027

Phone: 603-863-4200
 Fax: 603-863-0012
 Email: jsimonds@sullivancountynh.gov

REPORT REQUEST FORM

Date of Request:		Involved Deputy: CHECK BELOW:	
Last Name:		First Name:	Middle Initial:
Street Address:		Town/City:	State: Zip:
DOB:	Cell Phone:	Phone:	
Email Address:			

Call Date:	Call Time:	Call Location:
Description of call:		

Please indicate the type of report you are requesting, include the call number if known.

<input type="checkbox"/> Incident Report	<input type="checkbox"/> Accident Report	<input type="checkbox"/> Arrest report	<input type="checkbox"/> Call for Service
Incident #:	Accident #:	Arrest #:	CFS#:

ACCIDENT REPORTS ONLY: Pursuant to the Driver Privacy Act, RSA: 260:14, III please indicate your involvement.

<input type="checkbox"/> Owner of involved vehicle	<input type="checkbox"/> Operator of involved vehicle	<input type="checkbox"/> Passenger of involved vehicle
<input type="checkbox"/> Owner of property damaged because of accident	<input type="checkbox"/> Pedestrian struck by involved vehicle.	

Please indicate how you would like to receive the report.

<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Pickup at Sheriff Office	<input type="checkbox"/> U.S. Postal Service
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I am requesting a copy of a report as outlined above and understand the provisions outlined below:

- The High Sheriff reserves the right to control the release of all office records.
- There is a cost associated with the release of reports as outline in the Sheriff's Office fee schedule.
- Please note that there is no charge to victims for reports that are domestic violence related.
- Please note that there is no charge to suspects requesting reports as part of official discovery.
- Photo ID is required unless represented by a recognized Insurance Company or Attorney's Office.

Print Name:	Signature:
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**** OFFICIAL USE ONLY ****	
Date Received: _____	Date Released: _____
Released to: _____	Request completed by: _____