CITY OF BERLIN, NH
POLICE DEPARTMENT
**REQUEST FOR RECORDS**

Name(s) of Involved: _____

Report Type: ☐ Accident Report $25  ☐ Incident Report $20  ☐ Arrest Report $20

☐ Call for Service $20

(Prepayment is required in the form of exact change or checks made payable to the Berlin Police Department)

- After the first page an additional $2.00 charge per page is applied

Date of Report/ Incident: _____ Report number _____

Pursuant to Driver Privacy Act RSA 260:14, III, for accident report request ONLY, 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

Briefly explain reason for request of these records:

_____

_____

**By signing this form, I agree to the following:**

**I am fully aware that prior to my being allowed inspection of these records, they must first be viewed by the Chief of Police, or his authorized representative, to make certain that any disclosure is in accordance with guidelines set forth in the case of _Lodge v. Knowlton_, 11 B NH 574 (1978).**

**I am also aware that these records may not be supplied immediately, but as soon as time and personnel allow. Further, I understand there will be a charge for any records released for my benefit.**

**Lastly, if the release of these records is for the purpose of civil litigation which may require testimony from a Berlin Police Department employee in Court, I understand that I shall be responsible for the cost reimbursement of that employee at his/her current rate of pay, for that day and any other day that requires said employee to appear in Court. This does not apply to criminal cases.**

**Additional fee's: Archived Records flat rate of $30, Cd $25 per CD/Thumb Drive, Video Tapes $25.00 per tape**

_____        _____
Signature                                Date

_____
Print Full Name, Address, and Phone Number

**\*Please note if your request is not picked up or requested to be mailed with 30 days of the release date.**

**Your Deposit will be forfeited**
Forms can be emailed to hwalters@berlinpolice.org

For office use only:

Released Date: _____ Released by: _____

Request Denied Reason: _____