



Milton Police Department

7 Town House rd, Milton NH03851

Report Request From



Please complete the following to request an accident, incident, arrest report or other record.

\$10.00 Fee for all Reports

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Email: _____

Date of Incident: _____ Location of Incident: _____

Report Number if Known: _____

Type of Record:

Accident () Incident () Arrest () Other () _____

Reason for Request:

Involved Party () Legal Representative () Other () _____

Involvement:

Vehicle Operator/Owner () Victim () Witness ()

Defendant () Participant () Other () _____

How would you like the request returned?

Email () Mail () Picked up at the Police Department ()

Additional Comments: _____

Law Enforcement Use Only

Date Received: _____ Approved () Denied () Date
Sent _____