



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): _____.

The Chief of Police reserves the right to control the release of all department records. If you have questions before submitting your request, please contact Records Coordinator Sheryl Tallman at (603) 640-3331 or Sheryl.Tallman@HanoverNH.org

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

_____	_____	_____
Date	Name	Telephone number

Please indicate your preference for receipt of this report (mail, email, fax or pick-up):

☐ Email: _____

☐ Fax: _____

☐ Pickup at Hanover Police Department

☐ Mailing address: _____

Return this form to:

Hanover Police Department
Records Division
46 Lyme Road
Hanover, NH 03755
Sheryl.Tallman@HanoverNH.org