



State of New Hampshire

DEPARTMENT OF SAFETY

Division of Emergency Services and Communications

911.nh.gov



New Hampshire 911 Information/Record Request By Authorized Recipient Pursuant to RSA 106-H:14, II(c)

Requester Information

Requester Name: _____

Caller Name (if known): _____

Identity of Requester: (check all that apply)

I am the caller I am the caller's legal representative I am the subject of the call I am the legal representative of the subject of the call

Requester Email where the record will be sent to access electronic file transfer: _____

Requester Phone Number: _____

Call Information: (Please provide as much information as possible)

Date of the call: _____

Time of the call: _____ **AM / PM** _____
(circle one)

Location of the emergency: _____
(i.e., address, mile marker, intersection, etc.)

Telephone number that called 911: _____

Type of incident: _____

I certify that I have confirmed with the authority having jurisdiction that any information or record requested is neither the subject of a pending criminal investigation nor a pending criminal matter.

Requester Signature: _____

(Parent or guardian if caller or subject of the call is a minor) This form is signed under the penalty of unsworn falsification pursuant to NH law RSA 641:3. By signing this form, the requester certifies that such information or records are being made available solely for the purposes of investigation in anticipation of litigation or for use in connection with any civil court proceeding. Records released under this section shall be marked "limited purpose release" and shall not be redisclosed by the recipient beyond the investigation or civil proceeding.

Submit Completed form to: desc.recordrequest@dos.nh.gov

This form must be notarized before submission

State of _____

County of _____

This instrument was acknowledged before me on _____

by _____

Notary Public / Justice of the Peace

Affix seal