



MERRIMACK POLICE DEPARTMENT

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www.merrimackpd.org

Mark E. Doyle
Chief of Police

Authorization for Release of Police Records

Section I

All information in this section **MUST BE COMPLETED**

Name: _____
Last Maiden/Alias First M.I.

Address: _____
Street City State Zip Code

Date of Birth: _____ Phone Number: _____

Driver License Number: _____ State: _____

Signature: _____ Date: _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

Section II

If record is to be mailed to you, or received by someone other than yourself, this section
MUST BE COMPLETED

I hereby authorize the release of my criminal/motor vehicle record(s), if any, to the following individual:

Name of person / Firm to receive record: _____

Address: _____
Street City State Zip Code

Signature: _____ Date: _____

Witness Signature: _____ Date: _____