

HILLSBOROUGH TOWNSHIP  
DEPARTMENT OF POLICE  
379 SOUTH BRANCH ROAD  
HILLSBOROUGH, N. J. 08844

Records Bureau (908)369-4584 Fax (908)369-5320

**Records Request**

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DATE: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- ➔ Please return the completed request form to the Records Bureau with a clear copy of your driver's license.
- ➔ It is not necessary to fill out this form for an NJ-TR1 Motor Vehicle Accident report request.

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Date Request Completed: \_\_\_\_\_

Records Clerk initials: \_\_\_\_\_

Method of distribution:  email  in person  Fax