Document Request

Floodwood Police Department
206 E. 8th Ave ♦ Floodwood, MN 55736
Phone (218) 476-2239 ♦ Fax (218) 476-2957

Please Print

Requestor Information

Requested By (Full Name — First Middle Last)		**Date of Request**
Street Address	**City, State Zip**	
Date of Birth	**Day Phone Number**	**Evening Phone Number**
Identification (driver's license/other)		

Requestor's Involvement

☐ Victim ☐ Suspect
☐ Driver ☐ Reporting Person ☐ Insurance Company
☐ Owner ☐ Witness
☐ Passenger ☐ Arrested ☐ Other _____

*State and Federal laws regulate the release of law enforcement data. Most requests can be processed within 10 days. If you need the information by a specific date, please indicate: . Every effort will be made to meet your request, however, no guarantee can be made. *Certain specialized requests may incur additional costs. Requestor will be notified prior to processing request.*

☐ Will pick up — Please call me when request is ready at phone # _____.

☐ Please mail to me at — Name: _____

Address: _____

City/State/Zip: _____

☐ Please Fax to Fax # _____.

Requestor's Signature:
X

Report Information

Case Number(s):	**Date of Incident:**

Report Type:

☐ **Accident**
☐ **Burglary/Theft**
☐ **D.W.I.**
☐ **Other (specify)** _____

Other Media:

☐ **Copies of Police Photos $5.00 each**
☐ **Copy of Data CD $16.00**

*Fee: $2.00 1st page, 25¢ per additional page.

Location of Incident:

Office Use Only: Date Received: _____ Date Reviewed: _____ Date Released: _____

Request Reviewed By:_____ Approved: ☐ Yes ☐ No

Special Instructions for Release: ☐ Requestor Must Show Valid I.D.
☐ Requestor Must Sign Form
☐ No Fee ☐ Fee =
☐ Return signed form to Records ☐ Document picked up/sent via US Mail.