

Document Request

Floodwood Police Department

111 W. 8th Ave ♦ Floodwood, MN 55736

Phone (218) 476-2239 ♦ Fax (218) 476-2957 ♦ police@ci.floodwood.mn.us

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 <input type="checkbox"/> Driver <input type="checkbox"/> Owner <input type="checkbox"/> Passenger <input type="checkbox"/> Victim <input type="checkbox"/> Reporting Person <input type="checkbox"/> Witness <input type="checkbox"/> Arrested <input type="checkbox"/> Suspect <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other _____		
	<i>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.</i>		
	<input type="checkbox"/> Will pick up — Please call me when request is ready at phone # _____ <input type="checkbox"/> Please mail to me at — Name: _____ Address: _____ City/State/Zip: _____ <input type="checkbox"/> Please Fax to Fax # _____		
Requestor's Signature: X			
Report Information	Case Number(s):	Date of Incident:	
	Report Type: <input type="checkbox"/> Accident <input type="checkbox"/> Burglary/Theft <input type="checkbox"/> D.W.I. <input type="checkbox"/> Other (specify) _____	Other Media: <input type="checkbox"/> Copy of Data CD \$16.00	
	*Fee: \$2.00 1 st page, 25¢ per additional page.		
Location of Incident:			
Office Use Only: Date Received: _____ Date Reviewed: _____ Date Released: _____ Request Reviewed By: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions for Release: <input type="checkbox"/> Requestor Must Show Valid I.D. <input type="checkbox"/> Requestor Must Sign Form <input type="checkbox"/> No Fee <input type="checkbox"/> Fee = _____ <input type="checkbox"/> Return signed form to Records <input type="checkbox"/> Document picked up/sent via US Mail.			