

Document Request

Floodwood Police Department

111 W. 8th Ave ♦ Floodwood, MN 55736

Phone (218) 476-2239 ♦ 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)			
	<p>Requestor's Involvement</p> <div> <input type="checkbox"/> Driver <input type="checkbox"/> Owner <input type="checkbox"/> Passenger </div> <div> <input type="checkbox"/> Victim <input type="checkbox"/> Reporting Person <input type="checkbox"/> Witness <input type="checkbox"/> Arrested </div> <div> <input type="checkbox"/> Suspect <input type="checkbox"/> Insurance Company <input type="checkbox"/> Other _____ </div> <p><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></p> <div> <input type="checkbox"/> Will pick up — Please call me when request is ready at phone # _____ </div> <div> <input type="checkbox"/> Please mail to me at — <div> Name: _____ </div> <div> Address: _____ </div> <div> City/State/Zip: _____ </div> </div> <div> <input type="checkbox"/> Please Fax to <div> Fax # _____ </div> </div>			
Report Information	Requestor's Signature: X			
	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	
<p>*Fee: 25¢ per copied page.</p>				
Location of Incident:				
Office Use Only: <div> Date Received: _____ Date Reviewed: _____ Date Released: _____ </div> <div> Request Reviewed By: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> Special Instructions for Release: <div> <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 </div> <div> <input type="checkbox"/> Document picked up/sent via US Mail </div> </div>				