

Document Request

Dayton Police Department

12260 South Diamond Lake Road Dayton, MN 55327 (763) 427-2017 Fax (763) 323-4018

Please Print

Requested By (Full Name-First Middle Last) _____ Date of Request _____

Street Address _____ City, State, Zip _____

Date of Birth _____ Day Phone Number _____ Evening Phone Number _____

- Requestor's Involvement
- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Reporting Party | <input type="checkbox"/> Insurance Company |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Witness | <input type="checkbox"/> Subject of Name Search Letter |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Arrested | <input type="checkbox"/> Other _____ |
- Victim Suspect

State and Federal laws regulate the release of law enforcement data. Most requests can be processed within 14 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. Reports will not be mailed, faxed or emailed unless they are prepaid.

- Will pick up-Please call me when request is ready at # _____
- Email records to _____
(Must be prepaid)
- Please mail to me at Name _____
(Must be prepaid) Address _____
City/State/Zip _____

Requestor's Signature: _____

X _____

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

Report Type:

- | | |
|--|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Domestic Assault |
| <input type="checkbox"/> Burglary/Theft | <input type="checkbox"/> Medical |
| <input type="checkbox"/> D.W.I. | |
| <input type="checkbox"/> Other (specify) _____ | |

Fee Schedule: \$10 for first page, .50 each additional page

Location of Incident: _____

Office Use only: Approved Yes No Reason _____

Request Released By: _____

Special Instructions: _____

Fee: _____ Document Pre-Paid _____ Mailed on: _____

Requestor Information

Report Information