

# Document Request

Dayton Police Department

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

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"/> Victim	<input type="checkbox"/> Suspect
	<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 _____
	<i>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 you request, however, no guarantee can be made. Fees are due at when report is picked up. Reports will not be mailed unless they are prepaid.</i>		
	<input type="checkbox"/> Will pick up-Please call me when request is ready at # _____		
<input type="checkbox"/> Please mail to me at Name _____ (Must be prepaid) Address _____ City/State/Zip _____			
Requestor's Signature:			
X			
Case Number(s):		Date of Incident:	
Report Information	Report Type:		
	<input type="checkbox"/> Accident	<input type="checkbox"/> Notarized Name Search Letter	
	<input type="checkbox"/> Burglary/Theft		
	<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 <input type="checkbox"/> Yes <input type="checkbox"/> No Reason _____			
Request Released By: _____			
Special Instructions: _____			
Fee: _____ Document Pre-Paid _____ Mailed on: _____			