



COON RAPIDS POLICE DEPARTMENT



Chief Brad Wise

REQUEST FOR INFORMATION

REQUESTOR'S INFORMATION:

(Print, full name and date of birth)

(address, and/or unit number)

(city, state, zip)

How would you like the information returned to you?

Pick up in Person: (phone number, or number you may be reached at)

Return via Email: (email address)

Return via Fax: (fax number)

INFORMATION REQUESTED:

Case number(s) if known:

Brief summary of incident(s) - to include approximate dates/times of occurrences; or other type of information requested (please be as specific as possible):

Four horizontal lines for providing details of the information requested.

I understand that the Coon Rapids Police Department will make final determination as to the release of information as per standards set forth by State of Minnesota Data Practice guidelines and fee schedules. The Coon Rapids Police Department responds to requests within seven (7) business days of receiving the request.

Signature Date

THIS SECTION FOR OFFICE USE ONLY
ID verified: Y N Fee required: \$ No charge
Request accepted by: Date/Time:

*There is no charge for the first four pages of a report. After that, it is \$0.25 per page. If the reports are emailed or faxed, you will receive an invoice with your reports if there is a fee.