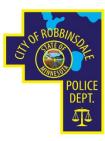
Robbinsdale Police Department

Request for Information



Please allow a minimum of 72 hours for processing all requests.

Authorizing signature: _

| Fees may apply to all printed materials/reports/video footage | |
|---|----------------------------|
| Requested By: | |
| Name: | |
| Address: | |
| Phone: | |
| Email: | For internal use only: |
| Please fill in the information you are requesting: | Date Received: |
| Name of Party Involved | Amount Due: |
| Case Number (if applicable) | \$ |
| Type of Incident | |
| Location of Incident | |
| Date/Time Reported | |
| Additional Information Requested | |
| WRITTEN REPORT BODY CAMERA FOOTAGE | |
| WAIVER TO RELEASE INFORMATION TO ANOT | HER ENTITY |
| I (name) Robbinsdale Police Department to disclose the following information to Information to be released: | to the party listed below. |
| Release information to: | |