

Robbinsdale Police Department



Request for Information

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

Fees may apply to all printed materials/reports/video footage

Requested By:

Name: _____

Address: _____

Phone: _____

Email: _____

Please fill in the information you are requesting:

Name of Party Involved _____

Case Number (if applicable) _____

Type of Incident _____

Location of Incident _____

Date/Time Reported _____

Additional Information Requested _____

For internal use only:
Date Received: _____
Amount Due: \$ _____

WRITTEN REPORT _____ BODY CAMERA FOOTAGE _____

WAIVER TO RELEASE INFORMATION TO ANOTHER ENTITY

I (name) _____ hereby authorize the Robbinsdale Police Department to disclose the following information to the party listed below.

Information to be released: _____

Release information to: _____

Authorizing signature: _____