

DATA REQUEST FORM

REQUESTOR

REQUESTED BY (FULL NAME-FIRST MIDDLE LAST): _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ DATE OF BIRTH: _____

DAY PHONE NUMBER: _____ EVENING PHONE NUMBER: _____

IDENTIFICATION (DRIVER'S LICENSE/OTHER): _____

- | | | |
|------------------------------------|------------------------------------------|-------------------------------------------------|
| <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 |
| <input type="checkbox"/> PASSENGER | <input type="checkbox"/> ARRESTED | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> VICTIM | <input type="checkbox"/> SUSPECT | |

Will pick up data, call me when request is ready at # _____

Please Mail to me at
(Must be prepaid)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP _____

SIGNATURE: _____ DATE: _____

REQUESTOR'S INVOLVEMENT

I am requesting access to data in the following way:

- | | | |
|-------------------------------------|---------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> INSPECTION | <input type="checkbox"/> COPIES | <input type="checkbox"/> BOTH INSPECTION AND COPIES |
|-------------------------------------|---------------------------------|-----------------------------------------------------|

REPORT INFORMATION/TYPE

CASE NUMBER: _____

DATE OF INCIDENT: _____ LOCATION: _____

- | | | | |
|-----------------------------------|-----------------------------------------|------------------------------|--------------------------------|
| <input type="checkbox"/> ACCIDENT | <input type="checkbox"/> BURGLARY/THEFT | <input type="checkbox"/> DWI | <input type="checkbox"/> OTHER |
|-----------------------------------|-----------------------------------------|------------------------------|--------------------------------|

FOR ACCIDENT REPORT REQUEST ONLY:

I affirm that the officer's narrative on an accident report is material determination of liability. To obtain the officer's opinion, the requesting party must be: A party to the accident, a party's legal representative, or an insurer of a party to the accident. Copies of Accident Reports shall not be admissible as evidence in any action for damages or criminal proceedings. I affirm that the officer's opinion is material to a determination of liability and that I am a: Party to the accident Party's legal representative Insurer of a party to the accident.

Mail request to: Glenwood Police Department
137 East Minnesota Avenue
Glenwood MN 56334

We will respond to your request as soon as reasonably possible. To determine the amount of cost, see website for fee schedule.

OFFICE USE ONLY

Approved: YES NO, Reason _____

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