

EAST RANGE POLICE DEPARTMENT  
RECORDS REQUEST



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Information Requested: \_\_\_\_\_

Reason for request: \_\_\_\_\_

How would you like to receive your information?

- Pick up in Person
- Email Address: \_\_\_\_\_
- Mail To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned agrees that the documents/information/media provided shall be used for the reason described above and shall not be used for any illegal purposes. Data will be provided in accordance with MN §13.82.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

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*Interoffice use*

Date Information Sent: \_\_\_\_\_

Offical: \_\_\_\_\_