



Document Request

Eden Prairie Police Department

8080 Mitchell Road ♦ Eden Prairie, MN 55344-2299 ♦ (952) 949-6200

Please Print

| | | | |
|---|---|--|----------------------|
| Requestor Information | Requested By (Full Name — First Middle Last) | | Date of Request |
| | Street Address | | City, State Zip |
| | Date of Birth | Day Phone Number | Evening Phone Number |
| | Identification (driver's license/other) X | | |
| | Requestor's Involvement | | |
| | <input type="checkbox"/> Driver <input type="checkbox"/> Reporting Person <input type="checkbox"/> Insurance Company <input type="checkbox"/> Owner <input type="checkbox"/> Witness <input type="checkbox"/> Subject of Name Search Letter <input type="checkbox"/> Passenger <input type="checkbox"/> Arrested <input type="checkbox"/> Other _____ | | |
| | <i>State and Federal laws regulate the release of law enforcement data. Most requests can be processed within 14 days. If you need the information by a specific date, please indicate: _____ . Every effort will be made to meet your request, however, no guarantee can be made. *Certain specialized requests may incur additional costs. Requestor will be notified prior to processing request.</i> | | |
| Report Information | <input type="checkbox"/> Will pick up — Please call me when request is ready at phone # _____ <input type="checkbox"/> Please mail to me at — Name: _____ Address: _____ City/State/Zip: _____ | | |
| | Requestor's Signature: X | | |
| | Case Number(s): | Date of Incident: | |
| | Report Type: | <input type="checkbox"/> Public Name List (Accidents/Arrests) Date Range: From _____ to _____ (No charge for viewing. *Fee: 25¢ per page. Please submit form for each week's request.) <input type="checkbox"/> Notarized Name Search Letter <input type="checkbox"/> 911 Audio Transcript (*Fee: \$25/hour, minimum 1 hour) <input type="checkbox"/> Special Report (be specific) _____ (*Minimum charge of \$50. Prepayment required.) | |
| | <input type="checkbox"/> Accident <input type="checkbox"/> Burglary/Theft <input type="checkbox"/> D.W.I. <input type="checkbox"/> Other (specify) _____ *Fee: 25¢ per page. * When you pay by check, the City of Eden Prairie will present the check for payment to your bank electronically. Your original check will be destroyed once processed and you will not receive your cancelled check back. | | |
| Location of Incident: | | | |
| Office Use Only: Date Received: _____ Date Reviewed: _____ Date Released: _____ Request Reviewed By: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Special Instructions for Release: <input type="checkbox"/> Requestor Must Show Valid I.D. <input type="checkbox"/> Requestor Must Sign Form <input type="checkbox"/> No Fee <input type="checkbox"/> Fee = _____ <input type="checkbox"/> Return signed form to Records <input type="checkbox"/> Document picked up/sent via US Mail. | | | |