



Report Request

Jordan Police Department
 705 Syndicate St.
 Jordan, MN 55352
 (952) 492-2009
 Fax: (952) 492-3225

* If requesting public data, the Requester information is optional and is for the sole purpose of facilitating your request. Not providing this information will remove our ability to contact you to clarify your request or notify you of costs or delays, work with you to obtain exactly the information you need, or notify you that your request is complete.

Request for	*Requested By (First, Middle and Last)		Today's Date
	Street Address		City, State, Zip
	Date of Birth	Phone Number	Fax
	Email		
	Name of person(s) Involved (other than yourself)		Location of Incident
	Case Number(s)		Date of Incident(s)
	Report Type	Accident Report	Photos/Video (<i>Fees Paid at Pickup</i>)
		Police Report	Other: _____
	How would you like to receive the information?		
	Pick up in person Email Fax		
Requester's Signature X			
<u>PUBLIC DATA:</u> Identification is not required for an individual requesting public data.			
<u>PRIVATE DATA:</u> Private data will not be released without positive picture identification of the person requesting the data. If you do not provide identification, we will not be able to process your request for information. Your signature is also required for private data. *** Confidential, Non-Public, Protected Non-Public Data will not be released. ***			

<u>To be completed by department staff</u>	
Report Cost: _____	<input type="checkbox"/> Approved
Date: _____	<input type="checkbox"/> Denied
Released by: _____	<input type="checkbox"/> No record