



FARGO POLICE DEPARTMENT

222 Fourth Street North, Fargo, North Dakota 58102

Records Division

REQUEST FOR POLICE REPORT

Date of Incident: _____ Time of Incident: _____ Case Number: _____

Location of Incident: _____

Officer's Name and/or Badge Number: _____

Name of Party(s) Involved: _____

Requester's Name: _____

Requester's Phone Number: _____ Requester's Email: _____

Requester's Address: _____

Accident Report: Yes No Criminal Report: Yes No

Other Report: Yes No

Fees for copies of a police report are as follows:

Accident:

\$7 for a full report (requester must be party to the accident – i.e. the individual involved or the insurance agency)

\$5 for the back page of the report (requester must be party to the accident)

\$2 for the front page of the report (if the requester is not a party to the accident some information is redacted)

Criminal or Other Reports:

\$0.25 per page (If the report takes more than one hour to produce, an additional fee of \$25 per hour will be assessed to the requester.)

I affirm that the officer's narrative on an accident report is material to determination of liability. Copies of accident reports shall not be admissible as evidence in any action for damages or criminal proceedings.

Signature of Requester

Date

Mail, fax or submit form in person

ADMINISTRATION
Phone: 701-241-1427
Fax: 701-297-7789

INVESTIGATIONS
Phone: 701-241-1405
Fax 701-241-1407

RECORDS
Phone: 701-241-1420
Fax: 701-241-8272

NON EMERGENCY
Phone: 701-235-4493