

Request for Police Report

Records Division

Date of incident: _____ Time of incident: _____ Case Number: _____

Location of incident: _____

Officer's name and/or badge number: _____

Name of party involved: _____

Requester's name: _____

Requester's phone #: _____ Requester's email: _____

Requester's address: _____

Criminal Report: Yes No

Body worn Camera: Yes No

Squad car video: Yes No

Photos and misc. videos: Yes No
(if available for release)

****ACCIDENT REPORTS:** Do not use this form. Please call 701-235-4493 for assistance.

Open records fees:

Emailed reports that take less than one hour to produce are free. **Printed** reports that take less than one hour to produce cost 25¢ per page. If the request takes more than one hour to produce, a fee of \$25 per additional hour will be charged. Video and/or photos may incur additional fees. An estimate will be sent to the requester and must be paid before the request is fulfilled.

Record requests are filled in the order they are received following State Statutes for availability and information release. We will work diligently to ensure you receive the information as soon as possible.

Email, fax, or submit this form in person to:

105 25 St. N., Fargo, ND 58102 ■ Fax: 701.241.8272

Email: PD-RecordsRequests@FargoND.gov