

Date of request: _____

Report #: _____



BLOOMINGTON POLICE DEPARTMENT
1800 West Old Shakopee Road
Bloomington, MN 55431



REQUEST FOR ACCESS TO CLASSIFIED GOVERNMENT DATA

Please allow 7 – 10 business days to process your request

Last name	First name	Middle	Date of Birth
Address	City	State	Zip
Signature	Phone number	Relation to case (Victim, Reporting Party, etc.)	

POLICE REPORT Date occurred: _____ Type: _____

CAD INFORMATION PI Address: _____ Date of Incident: _____

 Type of Incident: _____

Subject/business name of request if different from above: _____

- Police Report
**Additional fees may apply for searching for, retrieving and compiling data* Pages X \$0.25* _____
- Computer Report
**Additional fees may apply for searching for, retrieving and compiling data* Pages X \$0.25* _____
- Background check (certified) X \$10. _____
- Color booking photo X \$ 4. _____
- Color digital photo X \$3. _____
- Color digital photo on CD X \$5. _____
- Audio/video DVD/CD – DWI/Intox
Contact your attorney’s office & the Bloomington City Attorney’s Office X \$60. Per clip _____
- Audio/video DVD/CD – Squad Car video
Contact the Bloomington City Attorney’s Office X \$60. Per clip _____
- 911 CD (*Available to caller only*) X \$20. _____
- 911 Transcription X 28. _____

Total Due: _____