

Date of request: _____

Report #: _____



BLOOMINGTON POLICE DEPARTMENT
1800 West Old Shakopee Road
Bloomington, MN 55431
Fax: 952-563-4936 Email: police@BloomingtonMN.gov



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.)	
Email Address (report may be emailed when possible):			

POLICE REPORT Date occurred: _____ Type of report/incident: _____

CAD INFORMATION Location/Address: _____ Date of Incident: _____
(Calls for service)

Type of Incident: _____

Name/birthdate of person involved if different from above: _____

- Police Report/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 photos on CD X \$5. _____
- Audio/video DVD/CD – DWI/Intox
Contact the Bloomington City Attorney's Office at 952-563-8753 X \$60. _____
- Audio/video DVD/CD – Squad Car video
Contact the Bloomington City Attorney's Office at 952-563-8753 X \$60. _____
- 911 CD (*Audio available to caller only*) X \$20. _____
- 911 Transcription X 28. _____

**Data will be redacted according to MN Statute 13.82

Total Due: _____