



BRAHAM POLICE DEPARTMENT

201 South Broadway Braham, MN 55006

Office: 320-396-3383 Fax: 320-396-3478

APPLICATION FOR RELEASE OF INFORMATION

(To request any materials, please complete and return this form to the above address in person. You will need a valid state or military ID when presenting the form and request. **There is a fee for processing this information.**)

DATE OF INCIDENT _____ CASE NUMBER _____

SUSPECT'S NAME _____ TYPE OF CRIME _____

REQUESTOR'S FULL NAME _____ Date of Birth: _____
(First, Middle, Last Name)

REQUESTOR'S ADDRESS _____

CONTACT PHONE NUMBER(s) _____

YOUR INVOLVEMENT _____

(for example: victim, parent of minor victim, witness, suspect, attorney for, insurance for)

I am requesting copies of the following information:

(Today's Date)

(Requestor's Signature)

Mailed Pick Up Date _____ By _____
(Signature of releasing party)