Date of Request	CN
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ROSEVILLE POLICE DEPARTMENT Request for Information



Roseville Police Department- Records Unit

2660 Civic Center Drive, Roseville, MN 55113

Phone: 651-792-7008 | Fax: 651-792-7200 | PoliceRecords@cityofroseville.com

Requests may be submitted by mail, fax, email, or in person to the Roseville Police Department during normal business hours (Monday - Friday, 8:00 a.m. to 4:30 p.m.). Turnaround time for most requests is 10 business days.

With the exception of police reports, REQUESTS MUST BE PREPAID. Fulfillment will not begin until we have received payment.								
REQUESTED BY								
NAME & BIRTHDATE (if applicable)	PHONE	PHONE						
ADDRESS								
EMAIL		DATE REQ	UESTED					
REQUESTOR'S RELATIONSHIP TO INCIDENT: Complainant Suspect/Arrestee Crime Victim (Other than auto Other, please specify	accident) [Property Mana Attorney/Insu		ompany				
INCIDENT DETAILS								
I AM REQUESTING DATA FOR: A specific incident	General	calls for service						
DATE(S) TYPE OF INCIDENT		CASE NUMB	ER					
LOCATION/ADDRESS								
NAME & BIRTHDATE OF SUBJECT INVOLVED* (if different from above)								
ADDITIONAL INFO/COMMENTS								
*You may need a signed release from the data subject. Without a signed release, you may	not be entitled to	the data requested.						
DATA REQUESTED								
Check the data types you are requesting. The final cost will be calculated by	office staff whe	n the request is fu	lfilled.					
X DESCRIPTION		COST	QTY	AMOUNT				
Delice report	☐ Emailed	Free						
Police report Printed		\$0.25/page						
Color digital photos		\$5.00						
911 audio file ¹		\$20.00						
911 transcription		\$20.00						
Squad video		\$30.00		1				
Body worn camera (BWC) video ^{1, 2} (requires notarized release)		\$30.00						
Other video, please specify		\$5.00						
¹ Only available to the subject of the data.								
² Per Minnesota laws, all persons except the subject of the data and on-duty peace officers. The redaction process is lengthy and will cause the request to be fulfilled beyond the 10 do								
consent forms from other people appearing in the recordings.								

FOR OFFICE USE O	NLY					
Date Completed:		Released By:			Total Cost:	
Copy Released	Redacted Copy	Request Denied	☐ No Record	Rec	ord Inspected Only	
If the requested data is private or confidential, you will be asked to present a photo ID to ensure you are entitled to the data.						
ID verified by (employee name)						