

BROOKLYN CENTER POLICE DEPARTMENT REPORT REQUEST

Requestor's Nam	e: Date:
Phone Number: _	
Your request may take up to 10 business days to process.	
Party Involved: _	Last First DOB:
Case or Incident I	Number:
Date of Incident:	Time of Incident:
Address of Incide	ent:
Vehicle License Pla	ate Number(s) (If applicable):
Type of Report:	Accident Auto Theft Burglary Theft Vandalism Other
Check one	
	ike to pick up a printed copy of the report. (You will be called at the phone number above when it's ready.) re is no charge if the page count is less than 10 pages; \$0.25 per page after that.
☐ I would I	ike the report emailed to me. (No charge.)
e-ma	il address:
Your reque	st may take up to 10 business days to process.
********	**************************************
Notified:	Approved by:
Copy Cost:	

6645 Humboldt Ave N, Brooklyn Center, MN 55430-1853 Telephone (763) 569-3333 • Fax (763) 561-0717 • Emergency 9-1-1