



# BECKER POLICE DEPARTMENT REPORT REQUEST

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Your request may take up to 10 business days to process.**

Party Involved: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First

Case or Incident Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Vehicle License Plate Number(s) (if applicable): \_\_\_\_\_

Type of Report: Accident\_\_\_\_ Theft\_\_\_\_ Property Damage\_\_\_\_ Fraud/Forgery\_\_\_\_ Assault\_\_\_\_  
Other\_\_\_\_\_

### Check one:

I would like to pick up a printed copy of the report.  
*(You will be called at the phone number above when it's ready.)*  
Report copy charges: \$.25 per page

I would like the report emailed to me. (No charge.)

e-mail address: \_\_\_\_\_

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*(For Office Use Only)*

Notified: \_\_\_\_\_

Copy Cost: \_\_\_\_\_

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12060 Sherburne Ave SE, Becker, MN 55308

Telephone (763) 200-4267 • Emergency 9-1-1

Email request to [kheins@ci.becker.mn.us](mailto:kheins@ci.becker.mn.us) or Fax 763-261-6344