



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: _____

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

(For Office Use Only)

Notified: _____

Copy Cost: _____

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Telephone (763) 200-4267 • Emergency 9-1-1
Email request to kheins@ci.becker.mn.us or Fax 763-261-5344