

RECORDS REQUEST FORM

Name of person requesting records: _____

Address where records are to be mailed: _____

Phone number (including area code) _____

DESCRIPTION OF THE INFORMATION REQUESTED

ICR/Case # _____

Date and Approximate Time of Incident _____

Location of Incident _____

Type of Incident _____

Names of Parties Involved (if known) _____

Signature

Mail to: Pine County Sheriff's Office
635 Northridge Drive NW
Suite 100
Pine City, MN 55063

A fee may be charged for available records and the fee must be received prior to release of records. Records will be provided to you within ten days of your request.