

**PINE COUNTY SHERIFF'S OFFICE
RECORDS REQUEST FORM**

Contact information

Requestor name: _____

Organization: _____

Mailing address: _____

Phone number: _____

Email: _____ Send request to email

Note: You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. If we do not understand your request and need to get clarification from you, without contact information, we will not be able to process your request until you contact us.

IR / CASE#: _____ Date and time of incident: _____

Location of Incident: _____

Type of incident: _____

If the data is about an individual, please provide:

Name: _____

Date of Birth: _____

If the data is about a location, please provide:

Address: _____

Send request to:

**Pine County Sheriff's Office -Records
635 Northridge Drive NW
Ste 100
Pine City, MN 55063**

Email: Records@co.pine.mn.us

Fax: 320-629-8392

We will respond to your request within a reasonable time period as per Minn. Stat. §§ 13.03 and 13.04

If requested data could not be provided per confidential data per section Minn. Stat. §§ 13.82 to requestor, indicate type of notice provided to requestor:

_____ Oral _____ Written notice mailed/given on: _____