

Records Division

Request for Police Report

	Date of Incident:		cident:	Case Number:	
	Location of Incident: Officer's Name and/or Badge Number: Name of Party(s) Involved:				
	Requester's Name:		Requester's Phone No	Requester's E	Email Address:
	Requester's Address (Street, City, State, Zip Code)				
	Accident Report Cri. Yes No Yes		Report No		
Fees for	copies of a police report a	re as follows:			
Acciden	t:				
\$7 for a f	full report (requester must be	party to the accident- i.e.	individual involved or insu	rance agency)	
\$5 for the	e back page of report (request	er must be party to the ac	cident)		
\$2 for the	e front page of the report (If r	equester is not a party to t	the accident some informat	ion is redacted.)	
Crimina	l or Other Reports:				
\$0.25 per	page—If the report takes mo	ore than one hour to produ	uce, an additional fee of \$2.	5 per hour will be asse	ssed to the requester.
	hat the officer's narrative on ice in any action for damages	-		ability. Copies of accid	lent reports shall not be admissible
	Signature of Requ		Date Date		

Please submit requests via mail, fax or in person. Our lobby is open Monday through Friday from 8 a.m. to 4:30 p.m.

Mail or In Person Fax

222 North 4th Street (701) 241-8272

Fargo, ND 58102

^{*}You will be contacted at one of the Requester's contacts and advised what the report will cost. Please note payment must be received before reports are released. If you have any questions feel free to contact the Records Office at (701) 241-1437