



# Office of the Sheriff

Commitment to Excellence



**Dan Starry**  
County Sheriff

**Douglas H. Anschutz**  
Chief Deputy

## WASHINGTON COUNTY SHERIFF'S OFFICE REQUEST FOR DATA FORM

REQUESTED BY		
NAME		DATE OF REQUEST
ADDRESS	PHONE	EMAIL
REQUESTOR IS THE: <input type="checkbox"/> AUTO ACCIDENT VICTIM <input type="checkbox"/> CRIME VICTIM (OTHER THAN AUTO ACCIDENT) <input type="checkbox"/> PROPERTY MANAGER <input type="checkbox"/> SUSPECT/ARRESTEE <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> ATTORNEY/INSURANCE COMPANY <input type="checkbox"/> OTHER: _____		
ARE YOU NAMED IN THE DATA REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO *IF NOT, YOU MAY NEED A SIGNED RELEASE FORM FROM THE DATA SUBJECT. WITHOUT A SIGNED RELEASE, YOU MAY NOT BE ENTITLED TO THE DATA REQUESTED.		
TYPE OF INFORMATION REQUESTED		
THE INFORMATION YOU ARE REQUESTING MAY OR MAY NOT BE AVAILABLE TO YOU. AFTER YOUR REQUEST IS REVIEWED, YOU WILL BE NOTIFIED WHEN THE INFORMATION IS AVAILABLE AND IF ANY FEES APPLY.		
<input type="checkbox"/> POLICE REPORT <input type="checkbox"/> OTHER DATA REQUEST* (Explain Below)		
NAME OF PERSON(S) INVOLVED: _____ TYPE OF INCIDENT: _____ ICR/CASE NUMBER: _____ DATE OF INCIDENT/DATE RANGE: _____ LOCATION OF INCIDENT: _____ *DETAIL OF DATA DESIRED (FOR NON-POLICE REPORT DATA REQUESTS): _____ _____		
<b>TO BE COMPLETED BY DEPARTMENT STAFF</b> REPORT COST: _____ DATE: _____ RELEASED BY: _____		<input type="checkbox"/> COPY RELEASED <input type="checkbox"/> RECORD INSPECTED ONLY <input type="checkbox"/> REQUEST DENIED <input type="checkbox"/> REDACTED COPY <input type="checkbox"/> NO RECORD
IF THE REQUESTED DATA IS PRIVATE OR CONFIDENTIAL, YOU WILL BE ASKED TO PRESENT A PHOTO ID TO ENSURE YOU ARE ENTITLED TO THE DATA. ID VERIFIED BY _____		

Washington County Sheriff's Office Records Unit  
15015 62<sup>nd</sup> St N, Stillwater, MN 55082  
Phone: 651-430-7600 | Fax: 651-430-7673 | Email: wcso-recordsunit@co.washington.mn.us

## **GUIDELINES FOR REQUESTING INFORMATION: REPORTS AND DATA SUMMARIES**

To obtain a copy of a Washington County Sheriff's Office report, fill out the attached "Request for Information" form. Requests may be submitted to the Washington County Sheriff's Office Records Department by mail, fax, email, or in person during normal business hours (M-F 8am to 4:30pm). Requests are processed in the order they are received.

To request reports, you will need to supply pertinent information such as the case number (if known), type of incident, location, date of incident, and names of individuals involved in the incident.

Data summary reports for calls for service to specific addresses, areas, or a summary of data pertaining to a particular offense can be obtained by providing the nature and detail of the data desired, date(s) or range(s) of dates to be searched and specific locations.

State laws dictate the disbursement of law enforcement data. Per state statute, government information is classified as Public, Private, Non-public, or Confidential. If the report you requested is not considered public data per statute, you may not be able to obtain a copy of the report. If this is the case, you will be notified by the records unit staff.

Please be advised that reports concerning juveniles, domestics, sexual assaults, vulnerable adults, and open criminal investigations are not considered public data by Minnesota statute and the records unit is required to withhold these reports as directed by law.

Cost: The cost of a report is \$1.00 per 10 pages. The cost of certain data requests (such as CDs or transcriptions) may vary. See the fee schedule tab on our website for updated prices on data requests. The turnaround may be up to 10 business days. You will be notified when your request is completed.