

**Guidelines for Requesting Information**  
**Wyoming Public Safety Department Reports and Data Summaries**

To obtain a copy of a Wyoming Public Safety Department report, fill out the attached *Request for Information: Police Reports and Data Summaries* form. Requests may be submitted by mail or in person to the Wyoming Public Safety Department during normal business hours (Monday - Friday, 8:00 a.m. to 4:00 p.m.). Requests will be processed in the order received.

To request police reports, you will need to supply some of the following pertinent information such as case number, type of incident, location and date of incident, name of individual(s) involved in the incident.

Data summary reports on 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 data desired, date(s) or range(s) of dates to be searched and specific locations.

Completion of requests is 10 business days from the date received by the Department Records Divison. You will be notified when your request is complete. We will email the report to you unless you choose to pick up the report in person or have the report sent to you by mail or fax (fees may apply).

State laws dictate the disbursement of law enforcement data. Per state statute, government information is classified as Public, Private, Nonpublic or Confidential. If the report you request 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 informed by the Department.

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

Cost: Assembling of reports is free but the Wyoming Public Safety Department reserves the right to charge for the cost of the materials onto which we are copying the data and mailing costs (if any).

**Attorneys/Insurance Companies Requests for Police Reports**

Attorneys or insurance companies requesting copies of police reports may be required to provide a signed release from their client(s) with the report request.

Wyoming Public Safety Department  
Physical Address: 7665 Wyoming Trail, Wyoming, MN 55092  
Mailing Address: PO Box 188, Wyoming, MN 55092  
Phone: 651-462-0577



## REQUEST FOR INFORMATION: POLICE REPORTS, CALLS FOR SERVICE AND OTHER DATA

Wyoming Public Safety Department  
7665 Wyoming Trail, Wyoming, MN 55092  
Phone: 651-462-0577

Requests may be submitted by mail or in person to the Wyoming Public Safety Department during normal business hours (Monday - Friday, 8:00 a.m. to 4:00 p.m.). Completion of requests is within 10 business days from the date received by the Records Division.

**REQUESTED BY:** \*If the requestor wishes to remain anonymous, we will NOT collect your personal information. You will be responsible for contacting our office during regular business hours on/after 10 business days for the status of your request.\*

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?  Yes     No  
If not, you may need a signed release 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. One of the following must be completed in order for your request to be considered.*

<input type="checkbox"/> <u>Police Report</u> Type of Incident _____ ICR/Case Number _____ Date/Time of Incident _____ Location of Incident _____	<input type="checkbox"/> <u>Other Data Request</u> Detail of Data Desired _____ _____ _____ Time Period (From _____ to _____) Location(s) _____ _____ Purpose _____ _____
<input type="checkbox"/> <u>Police Calls for Service to a Location</u> Full Address _____ _____ Time Period (From _____ to _____)	

<input type="checkbox"/> <u>Police Contact with a Person</u> Name _____ _____ Time Period (From _____ to _____)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 5px;"><b>TO BE COMPLETED BY DEPARTMENT STAFF</b></th> </tr> <tr> <td style="padding: 5px;">Report Cost \$</td> <td style="padding: 5px;"><input type="checkbox"/> Requested Data Released</td> </tr> <tr> <td style="padding: 5px;">Date</td> <td style="padding: 5px;"><input type="checkbox"/> Record Inspected Only</td> </tr> <tr> <td style="padding: 5px;">Released By</td> <td style="padding: 5px;"><input type="checkbox"/> Request Denied</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Redacted Copy</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> No record</td> </tr> </table>	<b>TO BE COMPLETED BY DEPARTMENT STAFF</b>		Report Cost \$	<input type="checkbox"/> Requested Data Released	Date	<input type="checkbox"/> Record Inspected Only	Released By	<input type="checkbox"/> Request Denied		<input type="checkbox"/> Redacted Copy		<input type="checkbox"/> No record
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	<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 (employee name) \_\_\_\_\_