

BRIAN MUELLER
CHIEF OF POLICE



NATHAN MEREDITH
CAPTAIN

POLICE DEPARTMENT

Request for Information

Date: _____

Your Info:

Name: _____

Address: _____

Phone Number:

(hm) _____ (wk) _____

(fax) _____ (cell) _____

Type of information requested:

☐

Copy of Police Report:

If known, please note name of involved, case number, date and/or location of occurrence:

☐

Copy of Accident Report:

If known, please note name of involved, case number, date and/or location of occurrence:

☐

Other:

SIGNATURE: _____

Return by mail, fax or email, Stillwater Police 651-351-4900
Email: stillwaterrecords@ci.stillwater.mn.us

216 North 4th Street • Stillwater, Minnesota 55082
Business Phone: (651) 351-4900 • Fax: (651) 351-4940
Police Response/Assistance: **911**
www.ci.stillwater.mn.us