



St. Anthony Police Department- Records Unit

3301 Silver Lake Road St. Anthony, MN 55418

Phone: 612-782-3350 | Fax: 612-782-3390 | SAPDRecords@savmn.com

Requests may be submitted by mail, fax, email, or in person to the St. Anthony Police Department during normal business hours (Monday - Friday, 8:00 a.m. to 4:30 p.m.). Turnaround time for most requests is 10 business days.

****With the exception of police reports, REQUESTS MUST BE PREPAID. Fulfillment will not begin until we have received payment.****

REQUESTED BY	
CASE NUMBER	
NAME & BIRTHDATE (if applicable)	PHONE
ADDRESS	
EMAIL	DATE REQUESTED
REQUESTOR'S RELATIONSHIP TO INCIDENT: ☐ Complainant ☐ Auto Accident Victim ☐ Property Manager ☐ Suspect/Arrestee ☐ Crime Victim (Other than auto accident) ☐ Attorney/Insurance Company ☐ Other, please specify _____	

INCIDENT DETAILS		
I AM REQUESTING DATA FOR: ☐ A specific incident ☐ General calls for service		
DATE(S)	TYPE OF INCIDENT	CASE NUMBER
LOCATION/ADDRESS		
NAME & BIRTHDATE OF SUBJECT INVOLVED* (if different from above)		
ADDITIONAL INFO/COMMENTS		

**You may need a signed release from the data subject. Without a signed release, you may not be entitled to the data requested.*

DATA REQUESTED					
Check the data types you are requesting. The final cost will be calculated by office staff when the request is fulfilled.					
X	DESCRIPTION		COST	QTY	AMOUNT
☐	Police report	☐ Emailed	Free		
		☐ Printed	\$0.25/page		
☐	Squad video				
☐	Body worn camera (BWC) video ^{1, 2} (<i>requires notarized release</i>)				
☐	Other video, please specify _____				

¹Only available to the subject of the data.

²Per Minnesota laws, all persons except the subject of the data and on-duty peace officers must be redacted from the BWC footage before disseminating. The redaction process is lengthy and will cause the request to be fulfilled beyond the 10 day window listed above. The process can be sped up with signed consent forms from other people appearing in the recordings.

FOR OFFICE USE ONLY		
Date Completed:	Released By:	Total Cost:
☐ Copy Released ☐ Redacted Copy ☐ Request Denied ☐ No Record ☐ Record Inspected Only		
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) _____		

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NOTARIZED RELEASE / AUTHORIZATION

Complete this page when a notarized release is required for access to private video or other private data.

I authorize the St. Anthony Police Department to release data in which I am the data subject to the requestor identified on page 1 of this form, subject to applicable Minnesota law and required redactions.

DATA SUBJECT / PERSON AUTHORIZING RELEASE

PRINTED NAME

DATE OF BIRTH

SIGNATURE

DATE

NOTARY ACKNOWLEDGMENT

State of Minnesota

County of _____

This instrument was acknowledged before me on _____, 20____,

by _____.

Notary Public Signature

NOTARY STAMP / SEAL

Printed Name

My Commission Expires



IMPORTANT: This notarized release is part of the BWC and Video Records Request form.

Pages 1 and 2 must remain stapled together for the release to be valid.

Attach this page to the completed BWC and Video Records Request form.