



Hastings Police Department

PROTECTED IDENTITY REQUEST
(Victim, Witness, 911 Caller)

Name: _____

Address: _____

Phone: _____

Case Number: _____ Incident Date: _____

Incident Location: _____

Involvement: ___ Witness ___ Victim ___ 911 Caller

Per MN State Statute 13.82 Subd. 17 I, _____, request that my identity as a witness, victim and/or 911 caller in the above named incident report be protected and not be released to the public for the following reason(s).

I further understand if my request is NOT approved by the agency, my information will be released as public data.

Signature: _____

Date: _____

Office Use Only:

Approved: _____ Denied: _____ By: _____ Date: _____