



Carver County Sheriff's Office
606 East 4th Street, Chaska, MN 55318
952-361-1212

REQUEST FOR CONFIDENTIALITY

The identity of a victim and/or witness to a crime may be withheld from the public IF the victim/witness specifically request that his/her identity not be revealed, unless the agency reasonably determines that revealing the identity of the victim/witness would not threaten the personal safety or property of the Individual. Minn. Stat. §13.82 subd. 17d

Name:

Full name – last name, first name, middle name (no initials)

Requestor's address:

Incident #:

Date of incident:

Address at which incident occurred:

I, hereby request the Carver County Sheriff's Office hold my name in regards to the above listed incident as confidential. This request is made, as I believe release of my personal information would affect:

My personal safety

The safety of my property

The reasons for this belief on my part are as follows:

Signature:

Date of Request:

DEPARTMENT USE ONLY:

Request reviewed by:

Request approved OR denied. Victim notified: ___ / ___ / ___

Sent copy of determination to County Attorney's Office–Victim Witness Coordinator: ___ / ___ / ___