



Carver County Sheriff's Office  
606 East 4<sup>th</sup> 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: \_\_ / \_\_ / \_\_