

Case No: \_\_\_\_\_

### DATA REQUEST FORM

Blaine Police Department  
10801 Town Square Drive NE, Blaine, MN 55449  
Phone: 763-785-6168 Fax: 763-785-6100



#### Completed by Requestor

You do not have to provide any of the contact information for public data. However, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us. Request for Private data must be in writing.

Request Frequency – Private Data on Individuals: After we have provided you with access to data about you, we do not have to show you the data again for six (6) months unless there is a dispute or we collect or create new data about you.

_____			_____
<i>Name (Last, First, Middle Initial)</i>			<i>Request Date</i>
_____			_____
<i>Address</i>			<i>Phone Number where you can be reached</i>
_____	_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<i>Email:</i> _____			

Detailed description of the information requested: (include complete addresses, names and dates whenever possible) if more space is needed, please use back of this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am requesting:     Copies             Inspection             Both Inspection & Copies

**Please Note:** Pursuant to MN SS Chapter 13.04 subd 3; Access to data by individual...You can be required to pay the actual cost of making, certifying and compiling the copies.

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**COMPLETED BY OFFICE STAFF**

Approved             Denied - Reason for Denial: \_\_\_\_\_

**Proof of Identity for Private Information:**  
 State issued driver's license/ID  
 Military ID  
 Passport  
 Other certified document \_\_\_\_\_

**Parent or Legal Guardian of a Minor**  
 Certified copy of minor's birth certificate w/parental rights  
 Certified copy of documents establishing parent/guardian  
 Certified copy of unexpired foster care documents  
 Certified copy of court ordered legal appointment

Request Processed By: \_\_\_\_\_ Date: \_\_\_\_\_ Charges: \$ \_\_\_\_\_

**We will respond to your request as soon as reasonably possible**

(updated: 2014/wf)