Data Request Form – General Government

Minnesota Government Data Practices

Alexandria Police Department | 501 3rd Avenue W | Alexandria MN | 56308
Ph: 320.763.6631 | Fax: 320.763.3193 | www.alexandriapolice.com

A. COMPLETED BY REQUESTER

REQUESTER NAME (Last, First, MI):		DATE OF REQUEST:
STREET ADDRESS:	CITY/STATE/ZIP CODE:	FAX NUMBER:
PHONE NUMBER:	EMAIL ADDRESS:	
DESCRIPTION OF INFORMATION REQUESTED (BE SPECIFIC):		
IM AM REQUESTING ACCESS TO DATA IN THE FOLLOWING WAY (CHECK ALL THAT APPLY): ***Note: Data will be sent to information provided above unless otherwise indicated*** ☐ Inspect Copies at Police Dept. ☐ Paper Copies (To Pick Up) ☐ Paper Copies (To Be Mailed) ☐ Fax Copies ☐ Email Copies ☐ Other Format, describe: _____		
SIGNATURE OF REQUESTOR:		

Data Privacy Advisory: *This information is for the purpose of facilitating access to the data. Once the request has been completed, this form will constitute a public record. The purpose and intended use of this information is to process your request, contact you if additional information is needed and, when requesting private or confidential data on individuals, to determine authority to access the data.*

B. COMPLETED BY DATA PRACTICE OFFICIAL

DEPARTMENT NAME:	REQUEST HANDLED BY:
METHOD OF RESPONSE: ☐ In-Person ☐ Phone ☐ Email ☐ Mail ☐ Fax	INFORMATION CLASSIFIED AS: ☐ Public ☐ Private ☐ Non-Public ☐ Confidential ☐ Protected, Non-Public
ACTION: ☐ Approved ☐ Approved In Part (Explain Below) ☐ Denied (Explain Below)	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: ☐ Identification ☐ Personal Knowledge ☐ Other _____	
AUTHORIZED SIGNATURE:	DATE COMPLETED:
FEES: ☐ None ☐_____ (# of pages) x $0.25 = $_____ ☐ Employee Time (# of hours) x $_____ (hourly rate) = $_____ ☐ Postage$_____ ☐ Other $_____	
TOTAL AMOUNT DUE:	PAYMENT TYPE / DATE RECIEVED: