DATA REQUEST FORM
St. Francis Police Department
4058 St. Francis Blvd NW, St. Francis, MN 55070
Phone: 763-753-1264/ Fax: 763-235-2319

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.

Name (Last, First, Middle Initial) ____________________________ Date of Birth ____________________________

Address ____________________________________________________________ Phone Number ____________________________

City ____________________________ State ____________________________ Zip Code ____________________________

Email: ________________________________________________________________

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

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.

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/lr)