



# FARMINGTON POLICE

D E P A R T M E N T

## Members of the Public – Data Request Form

Date of request: \_\_\_\_\_

I am requesting access to data in the following way:

Inspection                       Copies                       Both Inspection & Copies

**Note:** Per MN Statute 13.03 Sub. 3, Inspection of data is free however the charge for copying data is 25 cents per page, if less than 100 pages requested. If 100 pages or more of black & white, letter or legal size paper copies are requested then the Farmington Police Department will require the requesting person to pay the actual costs of searching for and retrieving government data, including the cost of employee time, and for making, certifying, and electronically transmitting the copies of the data, but will not charge for separating public from not public data.

### Data Being Requested:

Describe the data you are requesting as specifically as possible.

Case No.: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Officer: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Report: \_\_\_\_\_

Individual(s) Involved: \_\_\_\_\_

Other: \_\_\_\_\_

**Contact Information:** You are not required to provide contact information. However, if you want us to mail you copies of data, we will need some type of contact information. 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. **NOTE: Farmington PD email IS NOT encrypted. By requesting data be delivered to you via email, you hereby acknowledge that you understand the information is not secure.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**SERVING THE RESIDENTS  
OF FARMINGTON SINCE 1872**

19500 Municipal Drive · Farmington, MN 55024  
Phone 651.280.6700 · Fax 651.280.6799



# FARMINGTON POLICE

DEPARTMENT

## DATA DISSEMINATION TRACKING FORM

FOR DEPARTMENT USE ONLY

Case No. \_\_\_\_\_

REQUEST HANDLED BY: \_\_\_\_\_

INFORMATION REVIEWED BY: \_\_\_\_\_

DATA UNAVAILABLE PER MN RECORD RETENTION SCHEDULE

\*\*\*ATTACH DUPLICATE COPY OF ALL DOCUMENTS DISSEMINATED\*\*\*

CALL(S) FOR SERVICE: \_\_\_\_\_

INCIDENT REPORT(S) (case number and number of pages): \_\_\_\_\_

SUPPLEMENTAL REPORT(S): \_\_\_\_\_

PHOTOS: # \_\_\_\_\_ FORMAT: \_\_\_\_\_

AUDIO FILES: \_\_\_\_\_

STATEMENT(S): \_\_\_\_\_

ZIP FILE, CD, OTHER: \_\_\_\_\_

SENT TO or  REFERRED TO the following authorized recipient:

CITY ATTORNEY: \_\_\_\_\_

DAKOTA COUNTY ATTORNEY: \_\_\_\_\_

OTHER: \_\_\_\_\_

DATE: \_\_\_\_\_ METHOD: \_\_\_\_\_

DATA CLASSIFICATION (check all that apply):

CONFIDENTAL PRIVATE PUBLIC PROTECTED NON-PUBLIC

SIGNED AUTHORIZATION FORM PROVIDED: YES NO

DISSEMINATION APPROVED: YES NO REDACTED DATA: YES NO

MSS REASON FOR RECACTION OR DENIAL:

13.82.7  13.82.17  169.09  260B.171.5

OTHER: \_\_\_\_\_ LETTER SENT: \_\_\_\_\_

NOTES: \_\_\_\_\_

DOCUMENTS RELEASED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

(Name & Badge)