

FARMINGTON POLICE DEPARTMENT

REQUEST FOR DATA

MEMBERS OF THE PUBLIC (NOT INVOLVED IN THE CASE/EVENT)

Please complete the following two pages
and email to:

recordsrequest@farmingtonmn.gov



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: _____

DATA DISSEMINATION TRACKING FORM

**SERVING THE RESIDENTS
OF FARMINGTON SINCE 1872**

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



FARMINGTON POLICE

D E P A R T M E N T

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 REACTION OR DENIAL:

103.82.7 13.82.17 169.09 260B.171.5

OTHER: _____ LETTER SENT: _____

NOTES: _____

DOCUMENTS RELEASED BY: _____ DATE: _____ TIME: _____

(Name & Badge)

**SERVING THE RESIDENTS
OF FARMINGTON SINCE 1872**

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