

FARMINGTON POLICE DEPARTMENT

REQUEST FOR DATA

SUBJECT OF THE DATA (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

Data Subject – Data Request Form

Date of request: _____

Please note: To request data as a subject, you must show a valid state ID, such as a driver's license, military ID, or passport as proof of identity.

I am requesting access to data in the following way:

___ Inspection ___ Copies ___ Both Inspection & Copies

Note: Per MN Statute 13.04 Sub. 3, there is no cost for the inspection of data, however the Farmington Police Department may require you to pay the actual cost of making certified copies, but will not charge you for compiling the requested data or for separating public from non-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: _____



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:

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**

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