



**EDINA POLICE DEPARTMENT
CLASSIFIED DATA
ACCESS REQUEST**
Government Data Practices Act

REQUESTER: Complete this form and return it to Edina Police Department.

NOTICE: You may cancel this request at any time prior to the release of information. In any event, this consent form will expire 90 days after signing.

After being shown private data on individuals and informed of its meaning, this data need not be disclosed again for six months unless additional information has been collected or an action is pending.

You may be required to pay the actual costs of making and/or compiling data.

NOTE: The subject of the data request must authorize the release of private information to the subject's agent or another agency. An "Informed Consent to Release" must be completed by the subject of the data.

Name: Last First M.I. Date

Address: Street City State Zip Phone No.

Information Requested

Requester's Signature: *If not the subject of the data requested, see note above.*

DEPARTMENT USE ONLY - Please do not write below this line.

NOTE: Reasonable identification must be obtained from the person seeking the information.

NOTE: If Data Subject is a minor, consult Attorney prior to release of information.

Department

Handled by:

Identification Viewed (Drivers License, State ID, Notarized Request)

Requester is: Data Subject; Not Data Subject, See NOTE above

Request Type: In-person, Mail

Data Classification: Public, Non-Public, Protected Non-Public, Private, Confidential

Request: Approved or Denied Authorized Signature

Comments: *Enter any appropriate remarks or comments. If data access is denied, cite authority or reason.*

Fees Charged (If no fee is charged enter "None"):

4801 West 50th Street, Edina, MN 55424

Phone: 952-826-1610, Fax 952-826-1607