

**OAK PARK HEIGHTS POLICE DEPARTMENT
INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

A. REQUESTER COMPLETE

1. DATE OF REQUEST

2. REQUESTER NAME (Last, First, Middle)	REQUESTER NOTE: A. Request Frequency – Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected. B. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.
3. ADDRESS	
4. DOB	

5. DESCRIPTION OF THE INFORMATION REQUESTED

6. REQUESTERS SIGNATURE
X

B. DEPARTMENT/DIVISION COMPLETE

7. DEPARTMENT/DIVISION NAME	8. REQUEST HANDLED BY
9. REQUEST TYPE	10. REQUESTED BY
<input type="checkbox"/> In person <input type="checkbox"/> mail with self addressed stamped envelope	<input type="checkbox"/> subject of data <input type="checkbox"/> not the subject of the data

11. THE INFORMATION REQUESTED IS CLASSIFIED	12. REQUEST
<input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in part (explain in 14)
13. AUTHORIZED SIGNATURE	
X	
14. REMARKS/COMMENTS (If requested data is classified so as to deny access to the requester city authority or reason. Also enter any other remarks/comments appropriate).	

C. DEPARTMENT/DIVISION COMPLETE WHEN FEES ARE ASSESSED

Photocopies No charge first 100 pages

DVD/CD (audio/pictures) \$15.00
 (It will be your responsibility to make copies of photos from disk.)

Fees will be based on current master fee schedule adopted by the City of Oak Park Heights.