

Data Request Form Minnesota Government Data Practices Act

City of Richfield | 6700 Portland Avenue S | Richfield, MN 55423 | 612-861-9700 | www.richfieldmn.gov

4. COMPLETE	D BY REQUESTE	R						
REQUESTER	NAME (Last, Firs	st, MI):			DATE OF REQUE			
						PHONE NUMBER:		
STREET ADD	RESS							
CITY, STATE,	, ZIP CODE			EMAIL ADDRESS:				
DESCRIPTION OF INFORMATION REQUESTED (PL				EASE BE SPECIFIC):			**If this is a Police Records Request, please fill out additional information on the next page.**	
☐ INSPECT COPI	IES AT CITY HALL De required to pay the a	O DATA IN THE FOLL Begin to the second of t	APER COPIE	ES (TO BE PICKED UP)	☐ PAPER COPIES	(TO BE MAILED)	☐ FAX COPIES	
his form will consti nd, when requesti	itute a public record. 1 ing private or confident D BY DEPARTME	ion is not legally required bu The purpose and intended us tial data on individuals, to de ENT	se of this inf etermine au	formation is to process	s your request, contact data.			
METHOD OF	METHOD OF RESPONSE:			INFORMATION CLASSIFIED AS:				
□ IN-PERSON □ PHONE □ EMAIL □ MAIL □ FAX			☐ PUBLIC		☐ PRIVATE ☐ PROTECTED NO	□ NON-PUBLIC		
ACTION:	□ APPROVED	☐ APPROVED IN PA	ART (Explain Below)					
IDENTITY VE	L RIFIED FOR PRIV	L ATE INFORMATION:			<u> </u>			
☐ IDENTIFICATIO	NC	□ РЕ	ERSONAL KNOWLEDGE			OTHER		
C. COMPLETE	D WHEN FEES AI	RE ASSESSED						
CHARGES:		□ EMPLOYEE TIM		(\$=\$ ((HOURLY RATE)	□ POSTAGE (IF N	1AILED) \$	□ OTHER \$	
TOTAL AMOU	•	·	RECEIVED BY:		<i>(</i> :	DATE:		
AUTHORIZED SIGNATURE:						DATE COMP	LETED:	

Make check/money order payable to: City of Richfield

QUESTIONS? 612-861-9738

If mailed, return form and payment to: City of Richfield, Attn: City Clerk, 6700 Portland Ave S, Richfield, MN 55423

Or e-mail form to: datarequest@richfieldmn.gov



INCIDENT LOCATION:

Data Request Form Police Department Supplement

A. CASE NUMBER CASE NUMBER / EVENT NUMBER: **B. SUBJECT OF DATA** □ I am the subject of the data □ I am not the subject of the data If the information you are asking for is about you personally, then you are the "subject of the data." **C. RECORDS REQUESTED** TYPE OF RECORDS REQUESTED: □ 911 Transcript □ Email Search □ Audio (Interview) □ Photographs □ Body Camera Video □ Police Report (including "call for service" reports and "CAD comments") □ CCTV Camera Video □ Statistical Data □ Squad Camera Video □ Other (Specify Below) DESCRIBE THE RECORDS REQUESTED: DATE RANGE OF REQUEST: **INCIDENT DATE: INCIDENT TIME:** From: To: