HOPKINS POLICE DEPARTMENT
1010 1ST ST S | HOPKINS, MN 55343
952-938-8885

REQUEST FOR ACCESS TO DATA

THIS SECTION TO BE COMPLETED BY REQUESTOR

The following information is required to determine if the information you are requesting is public or not public data. If determined to be not public, additional information may be requested to determine if you can have access to the data.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING (BE SPECIFIC):	DATE REQUESTED:

You are being asked to supply the following information that may be private or confidential information about yourself. You are not required to supply this information for your request to be processed. The information will be used to determine if you have the right to access the requested data (if it is determined to be private data), and/or contact you when the requested data is available to pick up. If you refuse to supply this information, then it is your responsibility to contact the Police Department to determine the status of the request.

REQUESTER NAME (Last, First, Middle)				
STREET ADDRESS:	CITY:	STATE:	ZIP:	PHONE NUMBER:

REPRESENTING:	DATE OF INCIDENT:
CASE NUMBER:	LOCATION OF INCIDENT:

WHEN THE REPORT IS READY, I WOULD PREFER:

☐ TO HAVE THE REPORT MAILED TO THE ADDRESS LISTED ABOVE
☐ TO PICK UP THE REPORT MYSELF (We will contact you at the above phone number when the report is ready)
☐ TO HAVE THE REPORT EMAILED OR FAXED TO THE EMAIL ADDRESS/FAX NUMBER LISTED BELOW (By choosing this option, you agree to receive private data in an unencrypted email):

Signature of person receiving/picking up the data: (not required if public data)	Date:

THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF

REQUEST ☐ APPROVED ☐ DENIED (if checked, indicate reason below)	APPROVED / DENIED BY (Initials/date) _____
INFORMATION CLASSIFIED AS: ☐ PUBLIC ☐ NON-PUBLIC ☐ PRIVATE ☐ PROTECTED NON-PUBLIC ☐ CONFIDENTIAL	SUPERVISORS REVIEW (Initials/date) _____
REQUESTOR CONTACTED OR REPORT SENT & SCANNED BY: Initials/date _____	FEE $ _____ ☐ CASH ☐ ONLINE ☐ RECEIPT ATTACHED ☐ CHECK ☐ WAIVED
TRANSMITTAL ☐ IN PERSON ☐ FAX ☐ MAIL ☐ EMAIL	Identity Verified for **PRIVATE** Information ☐ DRIVER'S LICENSE ☐ OTHER GOVERNMENT ID ☐ COMPARISON SIGNATURE ON FILE ☐ OTHER (IDENTIFY)
REMARKS/NOTES REGARDING RELEASE OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	