

MELROSE POLICE DEPARTMENT

REQUEST FOR INFORMATION Minnesota Government Data Practices Act

1. _____
Date and Time of Request Requestor's Name
 2. _____
Requestor's Address and Phone
 3. _____
Email Address
 4. Description of the Information Requested: _____
-

5. _____
Signature of Requestor

6. Proof of Identify: _____

DEPARTMENT USE BEYOND THIS POINT

7. Request Type: ___ In Person ___ Mail ___ Phone ___ Email

8. Request handled by: _____

9. Requested by: ___ Subject of the date ___ Not subject of data

10. The data requested is classified as: ___ Public ___ Private ___ Confidential

11. Request: ___ Approved ___ Denied ___ Approved in part (explain in 12)

12. Authorized Signature: _____

13. Action Taken: (if requested data is classified so as to deny access to the requestor, cite authority or reason. Also enter any remarks of comments appropriate) _____

14. I have [been permitted to inspect] [received] the data requested above.

Requestor's Name

Date