

SOUTH ST PAUL POLICE DEPARTMENT REQUEST FOR POLICE DATA

THE SOUTH ST. PAUL POLICE DEPARTMENT CANNOT REQUIRE YOU TO PROVIDE IDENTIFYING INFORMATION WHEN MAKING YOUR REQUEST. HOWEVER, IF YOU DO NOT PROVIDE A WAY TO REACH YOU, WE CANNOT ASK ANY FOLLOW-UP QUESTIONS ABOUT YOUR DATA REQUEST OR LET YOU KNOW WHEN THE DATA IS READY. NOT PROVIDING THIS INFORMATION MAY DELAY OUR RESPONSE TIME.

YOU ARE REQUESTED, BUT NOT REQUIRED, TO IDENTIFY YOURSELF, STATE A REASON FOR, OR JUSTIFY A REQUEST TO GAIN ACCESS TO PUBLIC GOVERNMENT DATA.

A PERSON MAY BE ASKED TO PROVIDE CERTAIN IDENTIFYING OR CLARIFYING INFORMATION FOR THE SOLE PURPOSE OF FACILITATING ACCESS TO PUBLIC GOVERNMENT DATA.

DATA CLASSIFIED AS "NOT PUBLIC DATA" CAN ONLY BE RELEASED TO PERSONS AUTHORIZED TO HAVE ACCESS TO IT AND THUS MAY REQUIRE PROOF OF IDENTITY.

Requester Information:

Please print: Full name of Requester (First, Middle, Last)		
Signature of Requester	Date of Request	
Address		
Home Phone	Cell Phone	Email

Report Information:

Nature of Report	Case Number
Date or Date Parameters of Report (i.e. 1/1/07-3/1/07)	
Location of Report (Address)	
Person or Persons Involved	

• Email request to: clerical@sppmn.org or Fax : 651-413-8399

Requested Information:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Police Reports & Any Supplements | <input type="checkbox"/> Photos | <input type="checkbox"/> Citation |
| <input type="checkbox"/> Audio Statements | <input type="checkbox"/> State Accident Report Form | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Calls for Service Report/Location Report | <input type="checkbox"/> Records Check | _____ |

Photocopy charges: One (1) - Three (3) pages = No charge
 Four (4) - 100 pages = \$.25/page
 101 or more pages = Actual cost of personnel time @ employee's normal hourly rate
 CD of Photos/Audio Statements = \$20.00

You will be contacted within 10 business days regarding your request.

THIS SECTION FOR OFFICE USE ONLY

Request Approved:	Y	N	By:		Charge:	Y	N	\$ _____	Date:	
Reason for Denial:	Active Investigation <input type="checkbox"/> Juvenile Case <input type="checkbox"/> Refer to City <input type="checkbox"/> Refer to County <input type="checkbox"/> Private Info. <input type="checkbox"/> Other <input type="checkbox"/>									
Redacted:	Private Info. <input type="checkbox"/> Juvenile Info. <input type="checkbox"/>									
ID Needed:	Y	N	Type of Photo ID Presented:							
ID #				State:						
Copy Given By:				Payment Received:	Y	N	Date:			

File a copy of this request with the data reviewed.