POLK COUNTY SHERIFF'S OFFICE
REQUEST FOR INFORMATION
Minnesota Government Data Practices Act

Date: _____/_____/_____ **Time:** _____:_____

Requestor Information:
Required for private or confidential data

Name: _____ Phone: (_____) _____ - _____

Street: _____

City, State, Zip: _____

Description of Information Requested:

_____

_____

_____

Proof of Identity: _____

Signature: _____

SHERIFF'S OFFICE USE BEYOND THIS POINT

Request type: ☐ In Person ☐ Mail ☐ Interoffice Mail ☐ E-Mail ☐ Fax

Handled by: _____

Requestor Subject of data: ☐ Yes ☐ No | On Behalf of: _____

Data Classification: ☐ Public ☐ Private ☐ Confidential

Action Taken: If data is classified so as to deny access to the requestor, cite authority or reason. Also enter any remarks, comments appropriate.

_____

_____

_____

Request: ☐ Approved ☐ Denied

Authorized Signature: _____ Date: _____/_____/_____

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

_____ _____/_____/_____
Requestor's Signature Date