

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