
Crookston Police Department

321 West Robert • Crookston, MN 56716 • (218) 281-3111 • (218) 281-1410 (fax)

REQUEST FOR INFORMATION

Minnesota Government Data Practices Act

Date and Time of Request

Requestor's Name

Requestor's Address and Phone (required if request is for private or confidential data)

Description of the Information Requested: _____

Signature of Requestor (if request is for Private or Confidential data)

Proof of Identity (if request is for Private or Confidential data): _____

POLICE DEPARTMENT USE BEYOND THIS POINT

Request type: In Person Mail Phone Fax

Request received by: _____

Requested by: Subject of the data Not subject of data

The data requested is classified: Public Private Confidential

Request: Approved Denied Approved in Part (explain below)

Authorizing Signature: _____

Action Taken: (If requested data is classified so as to deny access to the requestor, cite authority or reason. Enter other appropriate remarks or comments.)

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

Requestor's Signature

Date