



Data Request Form

Date of request: _____

I am requesting access to data in the following way:

- Inspection (look at) the requested data (no charge)
- Receive copies of the requested data (a fee may apply)

The Inver Grove Heights Police Department has a reasonable amount of time to provide the information you are requesting. In most cases, we will respond to your request within **10-business days** from date request was received.

Note:

- If you seek to inspect the data without charge arrangements will be made to permit its inspection during normal business hours.
- There is a charge for copies, and you may be required to pay for copies before the copies are released.

Submitting your request:

- Mail or bring your request to our department located at 8150 Barbara Ave, Inver Grove Heights, MN 55077.
- Fax your request to our department: (651) 450-2543
- Email your request to our department: IGHPDdatarequest@ighmn.gov

The data I am requesting (Describe the data requested as specifically as possible):

Case File Number/Incident Number:	Date of Incident:
Incident Type/Description:	
Incident Address:	
Person(s) Involved	
1.	2.
3.	4.
NOTE: <ul style="list-style-type: none"> • If the data requested is about an individual, provide all known information (DOB, birth name, nicknames, maiden name, aliases) • If the data you are requesting is about you private, non-public, you may be required to show a valid ID (state ID, military ID, or passport) 	
Description of data requested (type or print)	

Optional contact information

The Inver Grove Heights Police Department cannot require you to provide identifying information when making your request but if you do not provide a way to reach you, we cannot ask any follow-up questions about your request or let you know it is ready.

Name (First, Middle, Last):	
Contact Number:	Email:
Address:	

RESPONSE TO DATA REQUEST

Department use ONLY

Data Request #:		Date Received:	
Request (circle):	Approved	Denied	
Date:	Inspected:		Provided:
Active Investigation	Y	N	Juvenile Case
	Y	N	Other:
Referred to City Attorney: 651-451-1831		Y	N
Referred to DCAO: 651-438-4438		Y	N
Referred to DCAO/Juvenile division:651-438-4438		Y	N
Payment Received:		Y	N
Completed By:			

FOR GENERAL RELEASE OF DATA:

(Check all that apply) The data information requested is classified as:

Public Classification

- Public: available for inspection:
- Public: payment received provided by:
 - In-person
 - Fax
 - Mail
 - Email

Nonpublic Classification

- Nonpublic
- Protected nonpublic
- Private
- Confidential

Non-existent Data

- No such data exists
- No such data exists that can be legally provided or acknowledged

If data is classified so as to deny the requester, cite public legal authority for the classification:

FOR RELEASE OF NONPUBLIC DATA ONLY:

Proof of identity of an authorized recipient utilizing:

- Driver License or State Identification:
- Other (Specify): _____

Legal basis for release if not release to data subject (attach documents: such as court order or informed consent):
