RECEIVED BY: _____

DATE/TIME: _____

CN: _____

CHARGE: $_____

CALLED: _____

Mendota Heights Police Department
Government Data Request Form

THIS PAGE TO BE FILLED OUT BY
PERSON REQUESTING DATA

☐ **I am requesting the following Call For Service (CFS)/Case Numbers**: _____

_____

AND/OR:
I hereby request a copy of police data(s) concerning: (required for accurate data check):

INCIDENT/ACTIVITY: _____

DATE(S)/TIME (S):_____

LOCATION(S): _____

OTHER: _____

_____

I am requesting the above data because I am: (if applicable, provide detail in the blanks provided)

☐ Person Involved /Concerning (Relationship to incident): _____

_____

☐ General Public/Not Involved: _____

☐ Representative of Insurer of Person Involved (Attach Signed Release from Insured Party)

☐ Legal Counsel of Person Involved (Attach Signed Release from Represented Party)

☐ Representative of Estate of Person Involved

☐ Surviving Spouse of Person Involved

☐ Next of Kin of Person Involved (Relationship) _____

☐ Trustee Appointed Pursuant to MN SS 573.02

The following information is optional, but not providing this information may impact your access to law enforcement data.

YOUR FULL NAME (print): _____

DOB: _____

PHONE: _____ Alternate Phone: _____

ADDRESS: _____
Street

_____
City State Zip

YOUR SIGNATURE: _____

State issued Photo ID may be requested when you pick up your data.