

ORONO POLICE

REQUEST FOR INFORMATION

Minnesota Government Data Practices Act

A. Completed by Requester

REQUESTER NAME (Last, First, M.)	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. Completed by Department

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (Explain below) <input type="checkbox"/> DENIED (Explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATURE SECTION:	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION: DRIVER=S LICENSE, STATE ID., Etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____	

x:\forms2008\DataPracticesRequestforInfo

Note: Please fill in form, print off & sign. Return via fax, mail or in-person.