

## NEW HOPE POLICE DEPARTMENT GOVERNMENT DATA REQUEST FORM

Today's Date: \_\_\_\_\_

**This page to be filled out by the PERSON REQUESTING data**

**INFORMATION REQUESTED:**

(CALLS FOR SERVICE DATA, REPORT, MEDIA, OTHER):

**INCIDENT TYPE:**

**DATE(S)/TIME(S):**

**LOCATION(S):**

**NAME(S) INVOLVED:**

**CASE #(S) IF KNOWN:**

*You are not required to identify yourself or state the reason for your request, however, not providing this information may have an impact on your access to the data requested and eliminate our ability to:*

- Determine whether you have the right to access the data requested
- Contact you to clarify your request or notify you of extra costs or delays
- Work with you to obtain exactly the information you need
- Notify you that your request is complete

**Person Requesting:**

YOUR FULL NAME:

DATE OF BIRTH:

ADDRESS:

PHONE NUMBER:

EMAIL:

**Please indicate your preferred method to receive your data below.**

If we can accommodate your request, we will send your data by your preferred method. Some data types require pick up in person. **\*\*State issued Photo ID may be required when you pick up your data.**

EMAIL

MAIL

IN PERSON

Fax #

**YOUR SIGNATURE:**

**TO BE COMPLETED BY STAFF ONLY:**

Approved

Denied (explain)

Approved In Part (explain below)

Comments/Statute for approval or denial:

ID Verified By: # \_\_\_\_\_  
(Not required for PUBLIC data)

Driver's License

State ID

Other: \_\_\_\_\_

Document Scanned and Dissemination Recorded in Case File

RECEIVED BY: \_\_\_\_\_, # \_\_\_\_\_, DATE/TIME \_\_\_\_\_

**Please send your completed form to New Hope Police Department Records via one of the means listed below:**

**Email:** [NH-PDoffice@newhopemn.gov](mailto:NH-PDoffice@newhopemn.gov),

**Fax:** 763-531-5174

**Mail:** New Hope Police Records ♦ 4401 Xylon Ave. North ♦ New Hope ♦ MN ♦ 55428