



CITY OF APPLE VALLEY
POLICE DATA REQUEST FORM – MEMBERS OF THE PUBLIC

Minnesota Government Data Practices Act, Chapter 13

Date of Request: _____

Case File No.: _____

I am requesting access to data in the following way:

- Inspection (free)
Copies (cost*)
Both inspection and copies (cost for copies*)

*Charges of \$5.00 and less are waived

These are the data I am requesting:

Note: Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form.

Five horizontal lines for describing the data request.

Contact Information section with fields for Name, Address, Phone Number, and Email Address, plus a disclaimer paragraph.

City of Apple Valley will respond to your request as soon as reasonably possible.

For Office Use Only section with fields for Date request received, Date paid, Request handled by, etc.

RETURN REQUEST FOR POLICE RECORDS TO:
Apple Valley Police, 7100 147th Street W., Apple Valley, MN 55124
Phone: 952.953.2700 Fax: 952.953.2733 Email: police@ci.apple-valley.mn.us