



REQUEST FOR INFORMATION



Golden Valley Police Department - Records Division

7800 Golden Valley Road
Golden Valley, MN 55427
763-593-8079 • 763-593-8098 (fax)

TO BE COMPLETED BY REQUESTOR

Date of Request	ICR or CAD Incident #
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TYPE OF INFORMATION REQUESTED

The information you are requesting may or may not be available to you. After your request is reviewed, you will be notified when the information is available and if any fees will be assessed.

<input type="checkbox"/> Accident Report(s)	<input type="checkbox"/> Incident Report(s)	<input type="checkbox"/> CAD Report(s) _____
		<input type="checkbox"/> Other _____

SUBJECT REQUESTING INFORMATION

Name	Email	Phone
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Are you named in the data requested? Yes No

If not, do you have a signed release from the data subject? Without a signed release, you may not be entitled to the data requested. Yes No

TO BE COMPLETED BY POLICE DEPARTMENT STAFF

Report Cost \$

Copy Released Record Inspected Only Request Denied Redacted Copy No Record

Approved For Release By	Released By	Date of Release
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If the requested data is private or confidential, you will be asked to present a photo ID to ensure you are entitled to the data.

ID verified by (employee name): _____