



**CITY OF ROGERS POLICE DEPARTMENT
INFORMATION DISCLOSURE REQUEST**

THIS SECTION TO BE COMPLETED BY THE REQUESTOR

The following information is required to determine if the information you are requesting is public or not public. If determined to be not public, additional information may be requested to determine if you can have access to the data. Once completed, this form can be provided to the Police Department in person or email the form to police@rogersmn.gov.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING (Be specific)	DATE REQUESTED:
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You are being asked to supply the following information that may be private or confidential about yourself. YOU ARE NOT REQUIRED TO SUPPLY THIS INFORMATION for your request to be processed. This information will be used to determine if you have the right to access the restricted data (if it is determined to be private data), and/or to contact you when the requested data is available to pick up. IF you refuse to supply this information, then it is your responsibility to contact the Police Department to determine the status of the request.

REQUESTOR NAME (Last, First, Middle):	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	ALTERNATE PHONE NUMBER:
WHEN THE REPORT IS READY, I WOULD PREFER (Please check one): <input type="checkbox"/> TO HAVE THE REPORT MAILED TO THE ADDRESS ABOVE or <input type="checkbox"/> TO HAVE THE REPORT EMAILED TO _____ <input type="checkbox"/> TO PICK UP THE REPORT MYSELF (We will contact you at the above phone number when the report is ready)	

Signature of person requesting information (not required if public data):	Date:
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THIS SECTION TO BE COMPLETED BY POLICE DEPARTMENT STAFF

REQUEST TAKEN/PROCESSED BY _____ (initials/date)	Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____ Case# _____
CURRENT CASE STATUS: Open/Assigned Closed/No Charges/Pending Pending Court Action/Referred to Prosecutor	
INFORMATION CLASSIFIED AS: PUBLIC NON-PUBLIC PRIVATE PROTECTED NON-PUBLIC CONFIDENTIAL	
SUPERVISOR REVIEW: ACTION: _____ (initials/date) APPROVED APPROVED IN PART (EXPLAIN BELOW) DENIED (EXPLAIN BELOW)	REQUESTOR CONTACTED OR REPORT MAILED & SCANNED AND ADDED TO LETG BY: _____ (initials/date)

REMARKS / NOTES REGARDING RELEASE OR BASIS FOR DENIAL INCLUDING STATUTE SECTION WHERE APPLICABLE:

Identity verified for PRIVATE information: <input type="radio"/> Driver's License Report released by: _____ <input type="radio"/> State ID <input type="radio"/> Other (Identify) _____ Date: _____
