

Goodview Police Department

4220 W. 5th Street
 Goodview, MN 55987
 Phone 507-452-1500
 Fax 507-452-9186
Data Request Form

Name		Parent/Guardian name (if applicable)		
Address		City	State	Zip Code
Phone Number	Email address		Date of Request	
Description of Information Requested (If more space is needed, please use the back of this form)				
Signature of Person Requesting Data				

[EMAIL THIS FORM TO THIS EMAIL: RECORDS@GOODVIEWMN.COM](mailto:RECORDS@GOODVIEWMN.COM)

If you are the seeking **public** information, we cannot require you to give us your name or address. If you are the **subject** of the data and are seeking data about yourself, we can require you provide us with sufficient identifying data and documentation which clearly shows that you are the person entitled to the data. If not, the data cannot be released to you.

Not providing this information will limit our ability to contact you to clarify your request, notify you of costs or delays or to notify you that your request is complete.

OFFICE USE ONLY

Request Type: In Person Mail

Requested By: Subject of Data Not Subject of Data

Information is Classified: Public Non Public Private Confidential Other _____

Request: Approved Denied Approved in part

Remarks/Comments:

Type of Identification Shown:

Driver's License Birth Certificate Other Picture ID Other _____

Action Taken: Picked Up On _____ Mailed/Emailed _____

Request Handled By : _____