



CITY OF MONTEVIDEO

# POLICE DEPARTMENT

103 Canton Ave., PO Box 517 Montevideo MN 56265  
Email: mailbox@montevideopolice.com

Telephone: 320-269-9402 Fax: 320-269-9843  
Dispatch: 320-269-8808

1. \_\_\_\_\_  
Date and Time of Request Requestor's Name

2. \_\_\_\_\_  
Requestor's Address and Phone (required if request id for private or confidential data)

3. Description of the information requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
Signature of Requestor (if request is for Private or Confidential data)

5. Proof of Identity (if request is for Private or Confidential data): \_\_\_\_\_

6. I have (check one of the following) \_\_\_ Inspected \_\_\_ Received the data requested above.

\_\_\_\_\_  
Requestors Signature Date

***POLICE DEPARTMENT USE:***

7. Request type: \_\_\_ In Person \_\_\_ Mail \_\_\_ Phone \_\_\_ Email \_\_\_ Fax

8. Request handles by: \_\_\_\_\_

9. Requested by: \_\_\_ Subject of Data \_\_\_ Not Subject of Data

10. The data request id classified: \_\_\_ Public \_\_\_ Private \_\_\_ Confidential

11. Request: \_\_\_ Approved \_\_\_ Denied-Reason \_\_\_\_\_

12. Authorized Signature: \_\_\_\_\_