



**CLOQUET POLICE DEPARTMENT
REQUEST FOR PUBLIC DATA
MINNESOSOTA GOVERNMENT DATA PRACTICES ACT**

Date of Request: _____

Contact Information:

Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Are you the subject of the data you are requesting? _____

You do not have to provide contact information. However, if you want us to mail you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

The Cloquet Police Department will respond to you as soon as reasonably possible.

Information Requested (Be as specific as possible):

DEPARTMENT USE ONLY – Requester, please do not write below this line.

Department: _____ Handled by: _____

Request Type: In-person Mail Phone E-mail

Fees Charged: _____

If no fee is charged enter "None"

***Cloquet Police Department · 508 Cloquet Ave · Cloquet, MN 55720
Phone: (218) 879-1247 · Fax: (218) 879-1190 · E-mail: records@cloquetmn.gov***

RESPONSE TO DATA REQUEST

(Check all that apply) The data information requested is classified as:

Public; available for inspection on: _____.

Public; copy provided upon payment of _____.

Public; provided by _____ (Name/Date)

PRIVATE NONPUBLIC

CONFIDENTIAL PROTECTED NONPUBLIC

No such data exists.

No such data exists that can be legally provided or acknowledged.

If data is classified in whole or in part as other than public, legal authority for the classification is: _____.

FOR RELEASE OF NOT PUBLIC DATA ONLY:

Proof of identity of authorized recipient by means of: Driver's License or State ID
 Other _____ (Specify)

Legal basis for release: _____ (Attach document such as Court Order or informed consent).

Employee Name: _____

Date: _____