

**JACKSON COUNTY SHERIFF'S OFFICE**  
**REQUEST FOR INFORMATION**  
**MINNESOTA GOVERNMENT DATA PRACTICES ACT**

DATE AND TIME OF REQUEST: \_\_\_\_\_

THIS INFORMATION IS REQUIRED ONLY IF THE INFORMATION YOU ARE REQUESTING IS **PRIVATE** OR **CONFIDENTIAL**. YOUR NAME IS **NOT** REQUIRED IF YOU ARE REQUESTING **PUBLIC DATA**. DATA CLASSIFICATION WILL BE DETERMINED BY DATA PRACTICES COMPLIANCE OFFICIAL AMANDA BOGGESS OR HER DESIGNEE.

REQUESTOR'S NAME: \_\_\_\_\_

REQUESTOR'S ADDRESS: \_\_\_\_\_

REQUESTOR'S PHONE NUMBER: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

PROOF OF IDENTITY SUPPLIED: \_\_\_\_\_

DESCRIPTION OF THE INFORMATION REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SHERIFF'S OFFICE USE ONLY:**

DATE/TIME REQUEST RECEIVED: \_\_\_\_\_

REQUEST MADE: \_\_\_\_\_ IN PERSON \_\_\_\_\_ MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ FAX

REQUEST HANDLED BY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATA CLASSIFICATION: \_\_\_\_\_

REQUEST: \_\_\_\_\_ APPROVED \_\_\_\_\_ DENIED

ACTION TAKEN: \_\_\_\_\_

\_\_\_\_\_

DATE/TIME ACTION TAKEN: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_