



# ANOKA COUNTY SHERIFF'S OFFICE DATA REQUEST FORM

## SECTION 1

Requestor Name \_\_\_\_\_ (required if requesting non-public data)  
 Address \_\_\_\_\_ (optional for notification purposes)  
 Phone \_\_\_\_\_ (optional for notification purposes)  
 Email Address \_\_\_\_\_ (required if receiving via email/cloud)

### Specific Data Requested

If requesting data on a person or address, please include complete name and date of birth/complete address. Attach copy of consent to release of data, if applicable.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you are requesting non-public data, the material must be picked up at the Anoka County Sheriff's Administrative Offices (13301 Hanson Boulevard NW, Andover, MN 55304) and a valid photo identification presented.

### Charges

Non-color copies at a flat rate of \$0.25 per page up to 100 pages. Pages after 100 incur an hourly rate.  
 Photo/Audio/Video data up to 16 GB: \$10.00 Photo/Audio/Video data up to 16-32 GB: \$15.00

Cost calculation may include cost for searching and retrieving the government data for copies of public data, and will include cost of employee time for making, certifying and compiling copies for the data. If data has commercial value, copy charge is determined by cost calculation and a fee is added to the charge for copies.

Check one:  Flat Rate  Cost Calculation

If form is mailed and includes a request for data that is not public, sign form and have signature notarized.

Signature: \_\_\_\_\_

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## Section 2 (for internal use to be completed by or on behalf of designee)

Date Request Received: \_\_\_\_\_ Copy Cost: \_\_\_\_\_

MN DL # or similar identification verification for non-public data: \_\_\_\_\_

Data Classification of Requested Data (check all that apply)

PUBLIC  PRIVATE  CONFIDENTIAL  NON-PUBLIC  PROTECTED NON-PUBLIC

Date Requestor Notified of Availability for Inspection: \_\_\_\_\_

Date Provided to Requestor (if, mailed, date mailed): \_\_\_\_\_

If requested data could not be provided to requestor, indicate type of notice provided to requestor:

Oral Notice  Written Notice Mailed On \_\_\_\_\_