

**CITY OF REDWOOD FALLS POLICE DEPARTMENT  
INFORMATION DISCLOSURE REQUEST**

**A. TO BE COMPLETED BY REQUESTOR**

The following information is required to determine if the requested information is public or not public. If determined to be not public, additional information may be requested.

DESCRIPTION OF THE INFORMATION YOU ARE REQUESTING	DATE REQUESTED
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You are being asked to supply the following information that may be private or confidential information about yourself. Such information will be used by this department and other departments whose job reasonably requires access to the data to determine if you have the right to access the requested data and contact information when the requested data is available. Refusal to supply said information may result in a delay of the availability of the requested data. If you refuse to supply said information, then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, Middle):	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:

**B. TO BE COMPLETED BY POLICE DEPARTMENT STAFF**

Open/Active Exceptionally Cleared	Open/Inactive Cleared by Arrest	Adult Juvenile	CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____ CASE # _____
REQUEST TAKEN BY (initials) _____			
REVIEWED BY INVESTIGATOR _____			
INFORMATION CLASSIFIED AS:  PUBLIC                      NON-PUBLIC PRIVATE                     PROTECTED NON-PUBLIC CONFIDENTIAL		ACTION:  APPROVED APPROVED IN PART (explain) DENIED (explain below)	
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:			
PHOTOCOPYING CHARGES: If there is no charge leave blank.			
_____ (# of Pages) x _____ (copy charge per page) = _____ (total cost) by _____ (initials)			
Authorized Release Signature/Title:			Date:
Requestor Signature:			Date:
Identity verified for PRIVATE information:			
Driver's License, State ID Comparison Signature on File Other			
(Attach copy of identification used)			