



Metro Transit Police Department Information Disclosure Request

Minnesota Government Data Practice Act

Note:

- A. Request Frequency - Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected.
- B. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.
- C. Body Worn Camera Video is addressed under a specific section of the Government Data Practices Act. If you are requesting Body Worn Camera Video, please use the [MTPD BWC Public Request Form](#).

Requester must complete items 2-9

2. REQUESTER NAME <i>(Last, First, MI):</i>		1. ADD CASE NUMBER, if known:	
<input type="text"/>		<input type="text"/>	
4. ADDRESS, if needed:		3. DATE OF REQUEST:	
<input type="text"/>		<input type="text"/>	
5. PHONE, if needed:			
<input type="text"/>			
6. DESCRIPTION OF THE INFORMATION REQUESTED <i>(please check all that apply):</i>			
Crash/accident involving a			
<input type="checkbox"/> Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> LRT <input type="checkbox"/> Train			
Other: _____			
7. TYPE OF THE INFORMATION REQUESTED <i>(please check all that apply):</i>			
<input type="checkbox"/> Squad Video		<input type="checkbox"/> LRT Video	
<input type="checkbox"/> Bus Video		<input type="checkbox"/> LRT/Train Platform Video	
<input type="checkbox"/> Bus Station/Transit Center Video		Other: _____	
8. HOW WOULD YOU LIKE THE DATA REQUESTED? <i>(please check one):</i>			
<input type="checkbox"/> Digital Download			
<input type="checkbox"/> CD			
9. REQUESTOR SIGNATURE			

MTPD STAFF USE ONLY:

9. DEPARTMENT/DIVISION NAME

10. REQUEST HANDLED BY

11. REQUEST TYPE

In-Person

Mail

Email

12. REQUESTED BY

Subject of Data

Not the subject of data

13. THE INFORMATION REQUESTED IS CLASSIFIED:

Public

Non-Public

Private

Protected Non-Public

Confidential

14. REQUEST

Approved

Denied

Approved in Part (*Explain in #14*)

15. AUTHORIZED SIGNATURE

16. REMARKS/COMMENTS

(If requested data is classified so as to deny access to the requester cite authority or reason. Also, enter any other remarks or comments that are appropriate).