

## Beltrami County Law Enforcement Center

613 Minnesota Ave NW, Bemidji, MN 56601 Phone: 218-333-4187 Fax: 218-333-4271 Email: sheriff.records@co.beltrami.mn.us

## **Data Request Form**

Law Enforcement data will be provided pursuant to rules set forth in Minnesota Statute 13.82. We will respond to your request within a reasonable time as per MN Stat 13.03 and 13.04. Providing this data is optional for a request for public data. If your request is for private data you will also be required to produce proof of your legal right to it, such as providing photographic identification before being given private data about yourself.

## Requestor Information:

Date:	Name:		
Address:		City/State:	
Phone:	Email Address:		
Information Red	quest **MANDATORY** Please	be specific to what you are requesting:	
I am requesting	g information regarding:		
☐ Myself – I am the subject of the data			
•	☐ Someone else – I am not the subject of the data		
$\square$ A juvenile –	I am the juvenile's legal parent	t, guardian or custodian	
I am request da	ata in the following way (see fe	e schedule):	
☐ Email/Electr	onic Copy		
☐ Printed Cop	ies – I want a copy of the requ	ested information	
☐ U.S. Mail – I	want the requested informatio	n mailed to me	
☐ No Copies/I	n-Person Review – I do not wai	nt copies but wish to inspect the requested information.	
Please call n viewing.	ne at the number listed above t	to schedule a time when records will be available for	
Signature:			
Completed by R	ecords Personnel:		
Identity Verified	for Private Information:		
□ DL or other IF	D □ Personal Knowledge □	Other form of verification, explain:	