

REQUEST FOR ACCESS TO DATA

Description of data requested:

- State Crash Report
- Other _____

Date of incident: _____

Location of incident: _____

If the data you are seeking is about an individual, please provide to the extent you know:

Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

Date of birth: _____
Month Day Year

OPTIONAL CONTACT INFORMATION

The Wayzata Police Department cannot require you to provide identifying information when making your request. However, if you do not provide a way to reach you, we cannot ask any follow-up questions about your request or let you know when the data is ready. Please provide any optional contact information below:

Name: _____
Last First Middle

Address: _____
Street Apt. /Suite #

_____ City State Zip Code

Email: _____

Telephone: (____) _____

Upon receiving your request, we will work to process it.

- If we do not have the data, we will notify you as soon as reasonably possible.
- If we have the data, but the data is not public, we will notify you as soon as reasonably possible and state which specific law(s) state the data is not public.
- If we have the data, and the data is public, we will respond to your request appropriately, within a reasonable amount of time.

Please mail or bring this form to Wayzata Police Department, 600 Rice St E, Wayzata, MN 55391 or email to: wayzatapd@wayzata.org.