

KASSON POLICE DEPARTMENT

19 Main Street East • Kasson, MN 55944 • Phone: 507-634-3881 • Fax: 507-634-4698

REQUEST FOR GOVERNMENT DATA



REQUESTER INFORMATION

REQUEST DATE _____

Name (first, middle last) _____

Address _____ City, State, Zip _____

Telephone _____ Email _____

INCIDENT INFORMATION

KPD Case/Call Number(s), if Known _____

Date of Incident _____ OR Date Range of Requested Data _____

If KPD Number Unknown: Time of Incident _____ Location of Incident _____

DESCRIPTION OF GOVERNMENT DATA REQUESTED - (check one)

☐ **Records/Arrest Data** (Kasson Police Dept Only) - See MN Statute §13.82 subd. 2

Records/Arrest Data. The following data created or collected by Law Enforcement agencies which document any actions taken by them, including to cite, arrest, incarcerate or otherwise substantially deprive an adult individual of liberty shall be public at all times in the originating agency.

☐ **Booking Data** - See MN Statute §13.85

Correction and Detention Data. As used in this section, "corrections and detention data" means data on individuals created, collected, used or maintained because of their lawful confinement or detainment in state reformatories, prisons and correctional facilities, municipal or county jails, lockups, workhouses, work farms and/or all other correctional and detention facilities.

☐ **Body Worn Camera (BWC) Video** - See MN Statute §13.825 **(AUTHORIZATION REQUIRED-PG 2)**

MN State Statute §13.825 (Portable Recording Systems) states that most data collected by a portable recording system (body worn cameras) are private data on individuals or nonpublic data. Portable recording system data regarding an active criminal investigation is considered confidential.

NAME OF THE INDIVIDUAL YOU ARE INQUIRING ABOUT: ☐ I am the data subject.

Name (first, middle last) _____ Date of Birth _____

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

I WOULD LIKE TO - (check one)

☐ Inspect (look at) the requested data at the Kasson Police Dept (no charge)

☐ Receive copies of the requested data (a fee may apply)

AUTHORIZATION TO RELEASE PRIVATE BODY WORN CAMERA DATA

This portion to be completed by the person appearing in the video.

Signature must be notarized OR this form presented with valid, government issued ID at KPD.

I, _____, authorize KPD to share the requested BWC video of me with
(print name)
the Requester shown on page 1.

I understand that:

- 1. I do not have to allow KPD to share my information. Signing this consent is completely voluntary.*
- 2. KPD will not be able to control what happens to my information once it has been released to the above Requester.*
- 3. This release is valid as soon as I sign it and that I may withdraw my consent to this release at any time in writing.*

Signature _____ **Date** _____

STATE OF MINNESOTA)
)ss
COUNTY OF _____)

Signed and sworn before me on _____, **by** _____
(date) (person giving consent)

Signature of Notary Public _____

Send completed form to: Kasson Police Department
ATTN: Records Dept
19 East Main Street
Kasson MN 55944

You may also bring this form directly to the Kasson Police Department. If you seek to inspect the data without charge, arrangements will be made to permit its inspection during normal business hours.

The Kasson Police Department has a "reasonable amount of time" to provide the information you are requesting.

FOR OFFICE USE ONLY. Valid Photo ID Type: _____ Staff Initials: _____

Add ID photocopy here: