



**NOTE:** You may be required to pay the actual cost of making, certifying and/or compiling the copies of data requested.

Private data on individuals: After you have been shown the data and informed of its meaning, the data need not be disclosed to you for six months unless a dispute or action is pending or additional data on you has been collected.

Contact information is not required. However, we may not be able to clarify your request or provide copies without your contact information.

**Requester Name** *(First/Last)*

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**Address**

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**City**

**State**

**Zip**

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**Email**

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**Phone**

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**Data Requested:**

Inspection       Paper copy       Electronic copy *(if available)*

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**Description of the information requested:**

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**Public Data Requests can be submitted to:**

Savage Police Department  
6000 McColl Drive  
Savage, MN 55378

**Email:** [savagepolice@cityofsavage.com](mailto:savagepolice@cityofsavage.com)

**Fax:** 952-882-2615