



DATA REQUEST FORM

A. To be Completed by Requester (optional for the sole purpose of facilitating access to data)

Requester Name (Last, First, M.):

Phone Number:

Street Address:

Fax Number:

City, State, Zip Code:

Email Address:

Signature:

Date of Request:

Note: According to Minn. Stat. § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.

I am requesting access to data in the following way:

Inspection

Copies

Both inspection and copies

Note: Minn. Stat. § 13.03 and 13.04 authorize MPS to charge fees to recover costs to provide copies of data. Prepayment is required. There is no charge for inspection or for separating not public data from public data. MPS may charge the actual cost for searching and retrieving data, except for requests made by data subjects.

Note: MPS will respond within a reasonable time for all requests, except for requests by data subjects, which shall be responded to within 10 days of the date of the request.

Description of the Data Requested (attach additional pages if needed):

B. To be Completed by MPS

Division Name:

Handled by:

Information Classified as:

Action:

Public

Non-Public

Approved

Private

Protected Non-Public

Approved in Part (Explain below)

Confidential

Denied (Explain below)

Remarks or basis for denial including statute section:

Copying Charges (Minn. Stat. §§ 13.03 and 13.04):

Proof of Identity Verified of Requester of Private Data as the Data Subject:

None

Valid Identification: Driver's License, State ID, Military ID, Passport, Etc.

Members of the Public (100 or fewer copies):

_____ Pages x \$.25 per Black/White Page = _____

Comparison with Signature on File

Members of the Public (more than 100 copies) and Data subjects:

Employee time: \$ ___/hr x ___ Hours = _____

Personal Knowledge

_____ Pages x \$ ___ per Black/White Page = _____

Informed Consent form signed by data subject

Other Charges (e.g. CDs, postage): _____ = _____

Other: _____

Total Charges = _____

Authorized Signature: _____

Date: _____