



Carlton County

Data Request Form

Effective Date:

Revised Date:

Version: 1.0

Requesting Party: _____ Date: _____

Are you the subject of the data you are requesting: _____

Email: _____ Address: _____

Telephone Number: _____ Preferred Contact method: _____

You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of the data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, we will not be able to begin processing your request until you contact us.

I am requesting access to data in the following way :

Inspection

Copies

Both Inspection and copies

Please describe the data you are requesting:

**** Return this completed form to the County Department Designee listed in Appendix IV of the Carlton County Data Practices Policy ****

**** Pursuant to Minnesota law this data request may be subject to charges as outlined in section VII of the Carlton County Data Practices Policy ****

****This portion of the form is to be completed by the County
Department or Division responding to the request ****

Department/Division name	Request Handled by
Request Type <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Electronic	Request by <input type="checkbox"/> Subject of Data <input type="checkbox"/> Not Subject of data
Classification of information requested <input type="checkbox"/> Public <input type="checkbox"/> Non Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Confidential	Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied Authorized Signature X
Remarks / Comments	

Fees: (Flat Rate) _____ x _____ Pages Rate Per Page Staff Preparation Time: (Where Applicable) _____ X _____ Rate Hours	** A receipted copy of this form must be provided to the requestor each time money is received ** I have Received from the above named, the amount indicated opposite my signature in payment for providing the data	
Total Amount Due:	Received By	Date
Amount to be prepaid	Received By	Date
Balance due	Received By	Date