

DATA REQUEST FORM

SECTION A: TO BE COMPLETED BY REQUESTER

You do not have to provide any of the below contact information. However, if you want us to mail/email you copies of 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, without contact information, we will not be able to begin processing your request until you contact us. We will respond to your request as soon as reasonably possible.

REQUESTER NAME (Last, First, MI):	DATE OF REQUEST:
STREET ADDRESS:	PHONE:
STATE, ZIP CODE:	SIGNATURE:
<p>Describe the data you are requesting as specifically as possible in the space below. If you need more space, please use the back of this form. If you need assistance completing this form, please call our office or send us an email: (320) 679-1391 or Jaren@KanabecSWCD.org</p>	
<p>I am requesting access to the data in the following manner: <input type="checkbox"/> Inspection at office (free) <input type="checkbox"/> Copies <input type="checkbox"/> Both inspection and copies</p> <p>I am requesting the data via the following delivery method (if applicable): <input type="checkbox"/> Email (digital – cheapest) <input type="checkbox"/> Pick-up at office (paper copy) <input type="checkbox"/> Mail (paper copy)</p>	

SECTION B: TO BE COMPLETED BY OFFICE STAFF ONLY

DETERMINATION OF INFORMATION CLASSIFICATION: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PROTECTED NON-PUBLIC	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (explain below) <input type="checkbox"/> DENIED (explain below)
COPYING CHARGES/ ASSOCIATED COSTS: <input type="checkbox"/> None <input type="checkbox"/> Deposit: \$_____	EXPLANATION OF ACTION, INCLUDING STATUTE REFERENCE:
<input type="checkbox"/> _____ pages x _____ = _____ <input type="checkbox"/> Actual cost (including staff time) = _____	IDENTITY VERIFICATION FOR PRIVATE INFORMATION: <input type="checkbox"/> ID (Drivers' License, State ID, etc.) <input type="checkbox"/> Comparison with signature on file <input type="checkbox"/> Personal knowledge <input type="checkbox"/> Other: _____
KSWCD Data Practices Contact Signature(s):	DATE:

Make check/money order payable to: Kanabec SWCD

Mailing address: 2008 Mahogany Street, Suite 3, Mora, MN 55051. **Office:** (320) 679-1391

