

PUBLIC INFORMATION REQUEST FORM

Requestor \_\_\_\_\_

Date of Request \_\_\_\_\_

Street Address \_\_\_\_\_

City/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

DESCRIPTION OF DATA REQUESTED

Pursuant to the Minnesota Data Practices Act, Minnesota Statutes Chapter 13, I hereby request the following information currently existing in the records of the County of Lake of the Woods, Minnesota. Please specify the information you are requesting such as specific correspondence, reports, Board meeting proceedings or other documents, along with the approximate dates of these records. Please also indicate the format desired for the information you are requesting.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Law Enforcement Requests ONLY: Incident Number (ICR) \_\_\_\_\_ (if known).

COPY I wish a copy of the requested information. I understand that I must pay .25 per page for standard size paper copies. There will be an additional fee as outlined in the Lake of the Woods County fee schedule for information copied onto non-standard size paper or other media. Additional charges will be outlined in the Lake of the Woods County Fee Schedule.

PICK UP I will pick up the information I've requested. Please call me at the telephone number listed above when the documents are ready.

MAIL Please call and inform me of all costs (i.e. copies, postage, shipping, etc) and then mail the information to me at the address listed above once you have received my payment for these charges.

EMAIL Please call and inform me of all costs (retrieval fee) and then email the information to me at the email address listed above once you have received my payment for these charges.

NO COPIES / IN-PERSON REVIEW I do not want copies but wish to inspect the originals of the requested information. Please call me at the telephone number listed above to schedule a time when records will be available for viewing.

In making this request, I understand that:

- Lake of the Woods County is under to obligation to create a document that does not already exist, or to comply with a standing request for information.
- Items expressly confidential under law will not be disclosed (refer to the Minnesota Data Practices Act, Minnesota Statute Chapter 13 for more information).
- Lake of the Woods County will provide the requested information as expediently as possible. Depending on the type o information requested, it may take up to ten (10) business days. If the requested information is time sensitive, please indicate that above and Lake of the Woods County will make every effort to comply.

Signature of Requestor \_\_\_\_\_

FOR COUNTY USE ONLY

\_\_\_\_\_

Date Received \_\_\_\_\_ Received by: \_\_\_\_\_

Action taken by county in obtaining information: \_\_\_\_\_  
\_\_\_\_\_

Date information released: \_\_\_\_\_ Fee Received: \_\_\_\_\_

Employee Releasing information: \_\_\_\_\_