

**LAKE OF THE WOODS COUNTY SHERIFF'S OFFICE
PUBLIC DATA REQUEST FORM**

You are not required to provide contact information; however, failure to complete the form could delay in the processing of your request, as we may need to contact you for further information or clarification.

Requestor: _____

Date of Request: _____

Street Address: _____

City/Zip Code: _____

Phone Number: _____

DESCRIPTION OF DATA REQUESTED

Pursuant to the Minnesota Data Practices Act, Statute Chapter 13, I hereby request the following information. Please provide as much information as possible. Indicate the format desired for the information you are requesting.

Type of Information Requested: _____

Name of Subject: _____

Date of Birth of Subject or Address: _____

Date of Event: _____

Additional Information: _____

- COPY** – I want a copy of the requested information. I understand that I must pay 0.25¢ per page for standard size paper copies. There will be an additional fee as outlined in the Lake of the Woods County Sheriff's Office (LOWSO) fees for information copied onto non-standard size paper or other media, ex: CD's, DVD's, will require additional charges as outlined in the LOWSO fee schedule.
- PICK UP** – I will pick up the information I've requested. Please call me at the phone number listed above when the documents are ready.
- MAIL** – Please call and inform me of all costs. After the payment is received, mail the information to me at the address listed above.
- E-MAIL** - _____ (NOT ALL INFORMATION CAN BE E-MAILED).

In making this request, I understand that:

- ~ LOWSO is under no obligation to create a document that does not already exist, or to comply with a stand request for information.
- ~ Items expressly confidential under law will NOT be disclosed per Minnesota Statute Chapter 13.
- ~ LOWSO will provide the requested information as expeditiously as possible. Depending on the type of information requested, it may take up to ten (10) business days. If the requested information is time sensitive, please indicated above and the Records Division will make every effort to comply.

Signature of Requestor: _____