

Kandiyohi County Sheriff's Office  
**REQUEST FOR INFORMATION**  
Minnesota Government Data Practices Act  
M.S. §13.02

1. \_\_\_\_\_  
Date and Time of Request      Requestor's Name
2. \_\_\_\_\_  
Requestor's Address/Phone (required if request is for private or confidential data)
3. Description of the information requested: \_\_\_\_\_
4. \_\_\_\_\_  
Signature of Requestor (if request is for Private or Confidential data)
5. Proof of identity (if request if for Private or Confidential data) \_\_\_\_\_

6. Within ten (10) working days after seeking a request from an individual concerning the existence of confidential data, the Kandiyohi County Sheriff's Office will inform the requesting individual if such data exists.

**SHERIFFS' OFFICE USE BEYOND THIS POINT**

6. Request type: \_\_\_\_\_ In person    \_\_\_\_\_ Mail    \_\_\_\_\_ Phone    \_\_\_\_\_ Fax
7. Request handled by: \_\_\_\_\_
8. Requested by: \_\_\_\_\_ Subject of the data    \_\_\_\_\_ Not subject of data
9. The data requested is classified: \_\_\_\_\_ Public    \_\_\_\_\_ Private    \_\_\_\_\_ Confidential
10. Request: \_\_\_\_\_ Approved    \_\_\_\_\_ Denied    \_\_\_\_\_ Approved in part (explain in 12)
11. \_\_\_\_\_ Fees: (anything after 10 pages is .25 per page)  

.25 per page x _____	= \$ _____	\$ _____
# of pgs		TOTAL DUE
12. Authorized signature: \_\_\_\_\_
13. Action taken: (If requested data is classified so as to deny access to the requestor, cite authority or reason. Also, enter any remarks, comments appropriate) \_\_\_\_\_
14. I have (been permitted to inspect)(received) the data requested above.

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date