Kandiyohi County Sheriff's Office REQUEST FOR INFORMATION

Minnesota Government Data Practices Act

M.S.§13.82

1.		-
		Requestor's Name
2.	D (1 A LL/D)/	
Requestor's Address/Phone (required if request is for private or conf		uired if request is for private or confidential data)
Description of the information requested:		quested:
		
4.	Proof of identity (if request if for F	Private or Confidential data)
5.	. 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	MailPhoneFax
7.	Request handled by:	
8.	Requested by: Subject of	the dataNot subject of data
9.	The data requested is classified:	Public PrivateConfidential
10	.Request:Approved	Approved in part (explain in 12)
11 Fees: (anything after 10 pages is .25 per page) (\$20 for CD/DVDs)		
	.25 per page x = \$	\$
	.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 (Private or Confidential data)	Date