

PUBLIC INFORMATION REQUEST FORM

Return completed form to: 218-326-4663(fax) | 440 1st Ave NE, Grand Rapids, MN 55744 | records@co.itasca.mn.us

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

Requestor _____ Date of Request _____
Street Address _____ Phone Number _____
City/Zip Code _____ Fax Number _____

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 Itasca, Minnesota. Please provide as much information as possible. Please also indicate the format desired for the information you are requesting. (If more space is needed, please attach a separate letter.)

Type of Information Requested _____
Name of Subject _____
DOB of Subject or Address _____
Date of Event _____
Additional Information _____

___ **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 Itasca County fee schedule for information copied onto non-standard size paper or other media, e.g., cassette tapes or computer disks, will require additional charges as outlined in the Itasca 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, (e.g. 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.

___ **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.

___ **EMAIL:** _____ (NOT ALL INFORMATION CAN BE EMAILED).

In making this request, I understand that:

- Itasca County is under no 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 Statutes Chapter 13 for more information)
- Itasca County will provide the requested information as expediently as possible. Depending on the type of information requested, it may take up to five (5) business days. If the requested information is time sensitive, please indicate above and Itasca County will make every effort to comply.

Signature of Requestor

FOR COUNTY USE ONLY

Date Received: _____ Received by (employee): _____

Action taken by County in obtaining information: _____

Date information released: _____ Released by (employee): _____ Fee Received: _____