



**DATA REQUEST FORM**

**A. TO BE COMPLETED BY REQUESTER (optional for the sole purpose of facilitating access to data\*)**

Name:		Phone Number:	
Street Address:		Fax Number:	
City, State, Zip:		Email Address:	
Signature:		Date of Request:	

*\* According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.*

Description of the Information Requested *(be as specific as possible)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*NOTE: MS § 13.03, subd. 3, authorizes the District to charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. Payment is required prior to receiving copies of data. We do not charge for inspection of data or for separating not public data from public data.*

**B. TO BE COMPLETED BY POPE SOIL AND WATER CONSERVATION DISTRICT PERSONNEL**

Department Name:	Handled By:
Information Classified As: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Protected Non-public <input type="checkbox"/> Confidential	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part (explanation below)

Remarks or basis for denial *(including cited statute)* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<p>Copy Charges:</p> <input type="checkbox"/> ___ Pages X \$ 0.25 per Black/White Pages = ___ <input type="checkbox"/> ___ Pages X \$1.00 per Color Pages = ___ <input type="checkbox"/> Employee Time (\$___ per hour) (only charge if over 100 pages) = ___ <input type="checkbox"/> Other Charges = ___ <input type="checkbox"/> Special Rate: _____ (attach explanation) = ___ <p style="text-align: right;">Total Charges: \$ _____</p>	<p>Identity Verified (Private data requests only):</p> <input type="checkbox"/> Identification: Driver's License, State ID, Etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other: _____
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Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_