

Data Request Form

Completed By Requester *(if you wish your name to be withheld, please send alternate contact information)*

Requester name (last, first, middle initial)		Date of request
Street address		Phone
City	State	Zip
Description of information requested: _____		

I am requesting access to data in the following way:

Inspection
 Copies
 Both inspection and copies

Data Practices Notice

You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

Completed By Department

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"/> Approved in part (explain below) <input type="checkbox"/> Denied (explain below)
Remarks or basis for denial including statute section:		
Copying Charges <input type="checkbox"/> None <input type="checkbox"/> _____ pages x \$.25 = _____ <input type="checkbox"/> Special rate: _____ (explain)		Identity Verified For Private Information <input type="checkbox"/> Identification (drivers license, state ID, etc) <input type="checkbox"/> Comparison with signature on file <input type="checkbox"/> Personal knowledge <input type="checkbox"/> Other: _____

Signature

Authorized signature
X