



LOWER MINNESOTA RIVER
WATERSHED DISTRICT

Data Request Form

112 East 5th Street, #102
Chaska, MN 55318
763-545-4659

A. Completed by Requester (if you wish your name to be withheld, please send alternate contact info)

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP:	SIGNATURE:
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.	
DESCRIPTION OF INFORMATION REQUESTED:	

I am requesting access to data in the following way: choose one
 Inspection Copies Both inspection and copies
Note: Inspection is free, however there is a charge for copies

B. Completed by Lower Minnesota River Watershed District

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 \$0.25 = <input type="checkbox"/> Special Rate: _____ (explain)	IDENTITY VERIFIED FOR PRIVATE INFORMATION <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: _____
AUTHORIZED SIGNATURE:	