



Carlton County

Data Request Form

Effective Date:
Revised Date:
Version: 1.0

Requesting Party: _____ Date: _____

Are you the subject of the data you are requesting: _____

113317-53010041@requests.muckrock.com MuckRock News DEPT MR113317 411A Highland Ave Somerville, MA 02144
Email: _____ Address: _____

Telephone Number: _____ Preferred Contact method: _____

You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of the 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, we will not be able to begin processing your request until you contact us.

I am requesting access to data in the following way :

Inspection

Copies

Both Inspection and copies

Please describe the data you are requesting:

**** Return this completed form to the County Department Designee listed in Appendix IV of the Carlton County Data Practices Policy ****

**** Pursuant to Minnesota law this data request may be subject to charges as outlined in section VII of the Carlton County Data Practices Policy ****

****This portion of the form is to be completed by the County
Department or Division responding to the request ****

Department/Division name	Request Handled by
Request Type <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Electronic	Request by <input type="checkbox"/> Subject of Data <input type="checkbox"/> Not Subject of data
Classification of information requested <input type="checkbox"/> Public <input type="checkbox"/> Non Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Confidential	Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied <hr/> Authorized Signature X
Remarks / Comments	

Fees: (Flat Rate) _____ x _____ Pages Rate Per Page Staff Preparation Time: (Where Applicable) _____ X _____ Rate Hours	<p><i>** A receipted copy of this form must be provided to the requestor each time money is received **</i></p> I have Received from the above named, the amount indicated opposite my signature in payment for providing the data	
Total Amount Due:	Received By	Date
Amount to be prepaid	Received By	Date
Balance due	Received By	Date

To Whom It May Concern:

Pursuant to the Minnesota Government Data Practices Act, I hereby request the following records:

Any and all Line 3 Escrow Account Reimbursement Request forms submitted to the Line 3 Escrow Account Manager, or draft versions of such forms that were not submitted, as well as any and all associated Public Reports, CAD Incident Data, and any other "supporting documentation" as outlined on the bottom of the escrow request form.

Please understand this request to include any record as described above that was created, drafted, received, or submitted by your agency from between January 1, 2017 and the date on which this request is processed.

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 10 business days.

Sincerely,

Christopher Schiano