

## **Carlton County**

## **Data Request Form**

Effective Date: Revised Date: Version: 1.0

Requesting Party:	Date:
Are you the subject of the data you are requ	uesting:
113652-26380356@requests.muckrock.com Email: Addres	MuckRock News DEPT MR113652 411A Highland Ave Somerville, MA 02144
Telephone Number:	Preferred Contact method:
copies of the data, we will need some type	e contact information. However, if you want us to mail/email you of contact information. In addition, if we do not understand your ou, we will not be able to begin processing your request until you
I am requesting access to data in the follow	ing way :
Inspection	
Copies	
Both Inspection and copies	
Please describe the data you are requesting	g:
•	unty Department Designee listed in Appendix IV of the Carlton nty 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	Request Handled by	
Request Type	Request by		
nequest type	nequest by		
☐In Person ☐Mail ☐Phone ☐Elect	— J	☐Subject of Data ☐NotSubject of data	
Classification of information requested	Request		
☐Public ☐Non Publi	c	□Approved □Denied	
Private Protected		Authorized Signature	
Confidential			
	V		
Remarks / Comments	X		
nemarks / comments			
		m must be provided to the requestor	
Fees: (Flat Rate)x	each time money is received **		
Pages Rate Per Page			
Staff Preparation Time: (Where Applicable)			
X			
Rate Hours			
	I have Received from the abov	e named, the amount indicated	
	opposite my signature in paym	ent for providing the data	
Total Amount Due:			
Total Amount Due:	opposite my signature in paym	ent for providing the data	
Total Amount Due:  Amount to be prepaid	opposite my signature in paym	ent for providing the data	
	opposite my signature in paym Received By	Date	
Amount to be prepaid	opposite my signature in paym Received By  Received By	Date  Date	
	opposite my signature in paym Received By	Date	
Amount to be prepaid	opposite my signature in paym Received By  Received By	Date  Date	

To Whom It May Concern:

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

The .pdf file entitled 'MSP Operational Plan Regional Hi-Viz Enforcement 02-22-21.pdf' that was emailed amongst members of the Carlton County Sheriff's Department on February 21, 2021. This requested file was specifically included as an attachment in an email sent from Dawn Zeleznikar to Dylan Bridges on 02/21/21 entitled 'FWD: State Patrol Hi-Viz Enforcement 02-22-21 NE Region'.

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