

625 Robert Street North, St. Paul, MN 55155-2538 www.mda.state.mn.us

## Data Request Form - Public Requestor

Request Date: Ang 26-19	MDA Data Practices Co	ntact:		
The data I am requesting.				
Describe the data you are requesting as specifically as possible.				
Dennis Egan.				
I am requesting access to data in	the following way.			
Inspection Co	pies	Both inspection and copies	s	
Note: Inspection is free but we will charge for copies if the total charges are \$50.00 or more. Please refer to MDA's data practices webpage for information on copy costs				
Contact information (optional)*				
Name: Ingel Weasner				
Address: 124 N. Broadwar	1	City: Crowkstan	State: MN	Zip:
Phone: 218-281-4503	11-4503 Email: aweasner@ crookstan, mn. us			
We will respond to your request as soon as reasonably possible.				
* You do not have to provide any contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. Also, In the event we have a question about your request, we will not work on your request until we can clarify it with you.				