

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

Data Request Form - Public Requestor

Request Date:	MDA Data Practices Contact:			
The data I am requesting.				
Describe the data you are requesting as specifically as possible.				
I am requesting access to data in the following way.				
Inspection Co	opies	Both inspection and copies		
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:				
Address:		City:	State:	Zip:
Phone:		Email:		
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.