



RICE COUNTY  
DATA REQUEST FORM  
MEMBERS OF THE PUBLIC

TO: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_  
Departmental Responsible Authority

**CONTACT INFORMATION:**

You do not have to provide contact information. However, if you want to personally receive mailed copies of data, instead of inspecting such 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.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**I AM REQUESTING THE FOLLOWING DATA:** Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please note:** Inspection is free. Fees for copies will be charged in accordance with the Rice County Fee Schedule and the Minnesota Government Data Practices Act.

*We will respond to your request as soon as reasonably possible.*

Do Not Write Below This Line – For Staff Use Only

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Action Taken: \_\_\_\_\_