

Data Request Form

		Date (mm/dd/yy):
Name:		
Address:		
	State:	ZIP code:
City:	State.	
		Email: formation. However, we may not be able to clarify your request or provide in writing by using this form or by sending an email or letter.
Please describe the da Inspection	ta you are requesting Copies	n the box below and if you would like us to provide:
MS § 13.03, subd.3, aut Prepayment is required	_	fees to recover costs to provide copies of data. ies of data.
Submit by mail, fax, or o	email to:	Minnesota Department of Natural Resources Data Practices Compliance Official 500 Lafayette Road St. Paul. MN 55155-4075

Fax: 651.296.0902

Email: datarequest.dnr@state.mn.us

For questions, call the Data Practices Compliance Official at 651.259.5345