

# ITASCA COUNTY SHERIFF'S OFFICE PUBLIC INFORMATION REQUEST FORM

Return completed form to: 218-326-4663(fax) | 440 1<sup>st</sup> Ave NE, Grand Rapids, MN 55744 | records@co.itasca.mn.us

You are not required to provide contact information; however, failure to complete the form could delay in processing of your request, as we may need to contact you for further information or clarification.

Requestor \_\_\_\_\_ Date of Request \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
City/Zip Code \_\_\_\_\_ Fax Number \_\_\_\_\_

## DESCRIPTION OF DATA REQUESTED

**Pursuant to the Minnesota Data Practices Act, Minnesota Statutes Chapter 13, I hereby request the following information currently existing in the records of the County of Itasca, Minnesota. Please provide as much information as possible. Please also indicate the format desired for the information you are requesting. (If more space is needed, please attach a separate letter.)**

Type of Information Requested \_\_\_\_\_  
Name of Subject \_\_\_\_\_  
DOB of Subject or Address \_\_\_\_\_  
Date of Event \_\_\_\_\_  
Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Information is About  Me  A Member of the Public

**\*\*\*If you are requesting data on someone other than yourself, please provide a Release of Information, if available. Failure to do so may limit the information you receive that is classified as other than public.\*\*\***

**NO COPIES / IN-PERSON REVIEW** I do not want copies but wish to inspect the originals of the requested information. Please call me at the telephone number listed above to schedule a time when records will be available for viewing.

**COPY** I wish a copy of the requested information. I understand that I must pay fees as outlined in the Itasca County Sheriff's Office Records Request Fee schedule before receiving my copy.

**PICK UP** I will pick up the information I've requested. Please call me at the telephone number listed above when the documents are ready.

**MAIL** Please call and inform me of all costs, (e.g. copies, postage, shipping, etc.) and then mail the information to me at the address listed above once you have received my payment for these charges.

**EMAIL:** \_\_\_\_\_ (NOT ALL INFORMATION CAN BE EMAILED).

In making this request, I understand that:

- Itasca County is under no obligation to create a document that does not already exist, or to comply with a standing request for information.
- Items expressly confidential under law will not be disclosed (refer to the Minnesota Data Practices Act, Minnesota Statutes Chapter 13 for more information)
- Itasca County will provide the requested information as expediently as possible. If the requested information is time sensitive, please indicate above and Itasca County will make every effort to comply.

\_\_\_\_\_  
Signature of Requestor

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## FOR COUNTY USE ONLY

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Date Received: \_\_\_\_\_ Received by (employee): \_\_\_\_\_

### RESPONSE TO DATA REQUEST

The data information requested is classified as (check all that apply):

Public; available for inspection on: \_\_\_\_\_

Public; copy provided upon payment of: \_\_\_\_\_

Private  Nonpublic

Confidential  Protected Nonpublic

No such data exists

No such data exists that can be legally provided or acknowledged

If data is classified in whole or in part as other than public, legal authority for the classification is: \_\_\_\_\_

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### FOR RELEASE OF NOT PUBLIC DATA ONLY

Proof of identity of authorized recipient by means of:  Driver's License or State Identification

Other: \_\_\_\_\_

Legal basis for release: \_\_\_\_\_

(attach document such as court order or informed consent)

### RELEASE INFORMATION

Method of release: \_\_\_\_\_

Date information released: \_\_\_\_\_ Released by (employee): \_\_\_\_\_ Fee Received: \_\_\_\_\_

Information released: \_\_\_\_\_

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