

## PUBLIC INFORMATION REQUEST FORM

This form is available at all Roseau County offices and online at <http://co.roseau.mn.us> and may be printed, completed, and faxed to 218-463-3252 or mailed to the County Coordinator's Office, 606 5<sup>th</sup> Ave SW, Room 131, Roseau, MN 56751.

Requestor \_\_\_\_\_ Date of Request \_\_\_\_\_

Street Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ 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 Roseau, Minnesota. Please specify the information you are requesting e.g. specific correspondence, reports, Board meeting proceedings or other documents, along with the approximate dates of these records. Please also indicate the format desired for the information you are requesting.**

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**COPY** I wish a copy of the requested information. I understand that I must pay .25 per page for standard size paper copies. There will be an additional fee as outlined in the Roseau County fee schedule for information copied onto non-standard size paper or other media, e.g., cassette tapes or computer disks, will require additional charges as outlined in the Roseau County Fee Schedule

**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** Please call and inform me of all costs (retrieval fee) and then email the information to me at the email address listed above once you have received my payment for these charges.

**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.

In making this request, I understand that:

- Roseau 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)
- Roseau County will provide the requested information as expediently as possible. Depending on the type of information requested, it may take up to five (5) business days. If the requested information is time sensitive, please indicate that above and Roseau County will make every effort to comply.

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

### FOR COUNTY USE ONLY

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

Action taken by County in obtaining information: \_\_\_\_\_

Date information released: \_\_\_\_\_

Employee releasing information: \_\_\_\_\_ Fee Received: \_\_\_\_\_