



REQUEST FOR PUBLIC RECORDS UNDER THE MINNESOTA DATA PRACTICES ACT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Entity/Company Represented _____

SPECIFIC SITE REQUESTED

Address _____

Parcel Identification Number _____

Section _____ Township # _____ Range _____

SPECIFIC PUBLIC RECORD REQUESTED

Signature _____ Date _____

Unless otherwise notified, the Department will compile your request for public records within seven working days after its receipt.