Case No: _____

KANABEC COUNTY SHERIFF'S OFFICE

DATA REQUEST FORM

Request Frequency- Private Data on individuals: After we have provided access to data about you, we do not have to show you the data again for six months unless there is a dispute, or we collect or create new data about you.

Requester Information

Name (Last, First, MI):	**Date of Request**:
Street Adress:	**Phone Number**:
City, State, Zip Code:	**Signature**:

Note: You are not required to provide contact information. However, if you want us to mail or email copies of the data, we will need some type of contact information. If we are unable to understand your request and need clarification, without contact information, we will not be able to process your request until you contact us.

Date of incident and description of the data you are requesting:
I request access to the data in the following manner: ☐ Inspection -no charge to view ☐ Paper Copies- 25 cents per page ☐ Photos- $5.00 ☐ CD/DVD- $25.00
How do you wish to receive request: ☐ Pick up ☐ Email ☐ Mail ☐ Other_____

Please mail this form to: Data Practices Official, Kanabec County Sheriff's Office, 317 Maple Ave S, Ste. 143, Mora MN 55051. You may also bring this form to the Sheriff's Office, fax it to 320-679-8422 or email it to: Sheriffrecords@co.kanabec.mn.us . **Please make checks payable to Kanabec County.**

FOR INTERNAL USE ONLY

Charges: ____Pages x .25 cents =_____ No Charge: _____

Denial Remarks (Confidential, Private, Non-Public): _____

Identity Verified for Private Information (DL, Personal Knowledge, Authorization from subject data): _____

Signature: Date: