



Marshall Department of Public Safety
611 W. Main Street
Marshall, MN 56258
507-537-7000 fax 507-537-6034

DATA REQUEST FORM – REQUESTING PUBLIC DATA

This form is to be used for requests of data other than public data. Please fill in all pertinent information.

Request Date: _____

- ☐ I am the subject of the data. I am requesting private data of myself or of my minor child.
☐ I am not the subject of the data. I am requesting private data of another individual.
☐ I am requesting summary data.

Describe the data you are requesting as specifically as possible including a case file number if known:

I am requesting access to data in the following way:

- ☐ Inspection only, on site, no charge, make an appointment during normal business hours
☐ Copies (If more than 5 pages, a charge of \$.25 per page is due upon release)
☐ On Disc (a charge of \$20 per disc is due upon release)

Contact information (optional):**

Name: _____

Address: _____

Email address: _____

Phone number: _____

Signature: _____

We will respond to your request as soon as reasonably possible.

**You do not have to provide any contact information. However, if you want us to mail or email you copies of data, we need some type of contact information in case we do not understand your request and need to clarify information with you. We will not be able to work on your request until we can clarify the information with you.