ISANTI COUNTY DATA/INFORMATION DISCLOSURE REQUEST

A. Requester Complete, at a minimum, the highlighted sections.

Note: Request Frequency – Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you until six months thereafter unless a dispute or action is pending or additional data on you has been collected.

1. Requester Name (Last, First, MI)	2. Company Name (if applicable)	3. Date of request
4. Parent/Guardian (if applicable – for request for data about minor)	**5. Description of Requested Information**	
6. Mailing Address		
7. City, State, Zip Code		
8. Phone (if required to advise when data is ready)		
9. E-mail address (if required for electronic delivery of data	**10. I am requesting access to the data in the following way:** **☐ Inspection ☐ Copies ☐ Both Inspection and Copies** **Note: Inspection is free, but there is a charge for copies**	

11. Requester Signature (if required to prove identity – for requests for private data)

B. County Department/Division Complete

12. Department:	13. Request Handled By:
14. Request Type: ☐ In-Person ☐ Mail ☐ Fax ☐ E-mail	15. Request By: ☐ Subject of Data ☐ Not the Subject of Data
16. The Information Requested is Classified: ☐ Public ☐ Non-Public ☐ Private ☐ Protected Non-Public ☐ Confidential	17. Request: ☐ Approved ☐ Denied (explain in #20) ☐ Approved in Part (explain in #20)

18. Identification provided (if request for private data ONLY – see Page 2 for Standard for Verifying Identity)
Indicate form of identification provided:

19. Authorized Signature:

20. Remarks/Comments: (If requested data is classified so as to deny access to the requester, cite authority or reason. Also enter any other remarks or comments that are appropriate:

21. Date Completed:	22. Date Notified & by Whom:

C. Department/Division Complete When Fees are Assessed

(A receipt copy of this form is to be provided to the requester each time money is received.)

23. ☐ Fees: Flat Rate	24. Fees: Special Rate _____X _____ = _____ (# of items) (Rate Amt.)

I have received from the above named, the amount(s) indicated below opposite my signature(s) for providing the information requested.

25. Total Amount Due	$	Received By:	Today's Date:
25a. Total Amount Due (50% of est. totals over $50.00)	$	Received By:	Today's Date:
25b. Balance Due (Upon Completion of Copying)	$	Received By:	Today's Date:

D. Requester, Please Note Items Checked

☐ Make check/money order payable to:
Isanti County Auditor/Treasurer

☐ If mailed, return entire form and any fees to:

_____

_____

_____

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