

**MN/DOT DATA PRACTICES REQUEST FORM**

***Requestor Complete this Section—Please Print Clearly***

**1. PLEASE NOTE:** If you are seeking public information, we cannot require you to give us your name or address. If you are the subject of the data and are seeking private data about yourself, we can require that you provide us with sufficient identifying information and documentation which clearly shows that you are the person entitled to the data. If not, the data cannot be released to you.)

**REQUESTOR NAME:**

\_\_\_\_\_  
Last, First, Middle Initial

**2. DATE OF REQUEST:** \_\_\_\_\_

**3. ADDRESS OF WHERE YOU WANT THE INFORMATION SENT OR VIEWED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. PHONE NUMBER IF YOU WOULD LIKE US TO CALL YOU WHEN DATA IS READY:**

Area Code

**5. DESCRIPTION OF THE INFORMATION REQUESTED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. REQUESTER SIGNATURE (Only if needed to prove identity)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: You may be charged a fee for the actual costs of making copies, and/or compiling the information requested. Make check /money order payable to **Minnesota Department of Transportation.**

*Data Practices Compliance Officer or Data Practices Designee Complete This Section :*

**7. NAME OF PERSON RESPONDING TO REQUEST:**

**8. THE INFORMATION REQUESTED IS CLASSIFIED:**

- Public
- Non-Public\*
- Private \*
- Protected Non-Public\*
- Confidential\*

(\*Explain in #10)

**9. REQUEST:**

- Approved
- Denied
- Approved in part

**10. REMARKS/COMMENTS: (If requested data is classified so as to deny access to the requester, attach copy of letter to requestor which cites statutory or legal authority. Also enter any other remarks or comments that are appropriate.)**

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**11. • FEES ASSESSED (Please Break down fees specifically):**

TOTAL AMOUNT DUE \$

AMOUNT PAID: \$

Received By:

Date of Receipt:

Comment:

**12. SIGNATURE, TITLE & PHONE NUMBER OF Mn/DOT EMPLOYEE COMPLETING THIS SIDE OF FORM:**

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_  
(phone) \_\_\_\_\_ (district or office) \_\_\_\_\_

**DATE FORM COMPLETED:** \_\_\_\_\_

**DATE INFORMATION PROVIDED OR MAILED:** \_\_\_\_\_