

Arrowhead Regional Development Commission (ARDC)

Data Practices Request Form

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 you do not, the data cannot be released to you.

Section 1 -6 to be completed by REQUESTER - please print clearly

Mail completed form to: Data Practices Responsible Authority

ARDC

221 West First Street

Duluth, MN 55802

1. Requester's Name (last name, first name, middle initial)

2. Date of Request

3. Phone Number

4. Address

5. Description of information requested:

6. Requester's signature (only if needed to provide identity)

Date:

Additional Comments

Note: You may be charged a fee for the costs of making copies and/or compiling the information requested.

7. Name of person responding to request:

8. The information requested is classified as:

Public _____ Nonpublic* _____
Private* _____ Protected Nonpublic* _____
Confidential* _____
*Explain in #10

9. Request is:

Approved _____ Approved in Part _____
Denied _____

10. Remarks/Comments (if denied or partly denied)

Attach Copy of letter to requester with cites statutory or legal authority. Also enter any other remarks or comments that are appropriate.

11. Fees assessed (please break down fees specifically)

Total Amount Due: \$ _____
Amount Paid \$ _____
Date Received \$ _____
Received By: _____

12. Signature, title and phone number of ARDC representative completing sections 7 -12

Signature: _____
Title: _____
Phone: _____
Date form completed: _____
Date Information provided or mailed: _____