



## DATA REQUEST BY AN ORGANIZATION

Please **PRINT** all information except where a signature is required

ALL FIELDS MARKED WITH \* ARE REQUIRED FOR PROCESSING

### ORGANIZATION INFORMATION

\* Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt. /Suite #

\_\_\_\_\_

City

State

Zip Code

Telephone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

State of organization or registration: \_\_\_\_\_

**\* DATA BEING REQUESTED** (describe below):

\_\_\_\_\_

\_\_\_\_\_

Please specify year or time period: \_\_\_\_\_

- \* The organization would like to (check one):     inspect (look at) the requested data at the BCA (no charge)
- receive copies of the requested data (a fee applies when page-count exceeds 200)

**If you mail this form, you must sign below in the presence of a Notary Public. Mail *original* copy to: Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.**

\* Signature: \_\_\_\_\_

STATE OF MINNESOTA                                    )  
   ) ss  
 COUNTY OF \_\_\_\_\_                                    )

Signed or attested before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

Name of requestor: \_\_\_\_\_ (Affix seal here)

Signature of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**For BCA-use only** – Identity verified by valid, government-issued photo ID

Date	Time	Initials