



REQUEST FOR PUBLIC GOVERNMENT DATA

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

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

CONTACT INFORMATION

Name: _____
Last First Middle

Address: _____
Street Apt. /Suite #

_____ City State Zip Code

Telephone: (____) _____ Email: _____

* DATA BEING REQUESTED

I would like to receive the following public government data (describe below):

Please specify year or time period: _____

I would like to receive public data about the following individual:

* Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

* Date of birth: _____
Month (MM) Day (DD) Year (YYYY)

- * I 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)

Please mail this form to: Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. You may also bring the form to the BCA.