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.