



# 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.**