Arrowhead Regional Development Commission (ARDC)

Data Practices Request Form

ARDC is subject to and complies with the Minnesota Government Data Practices Act.

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.

Section 7-12 to be completed by ARDC

7. Name of person responding to request:	
Q The information regue	stad is allocation as
8. The information reque Public	Nonpublic*
Private*	Protected Nonpublic*
Confidential*	
	*Explain in #10
9. Request is:	
Approved	Approved in Part
Denied	
	(if denied or partly denied) equester with cites statutory or legal authority. Also enter any other remarks or
comments that are appro	
·······	
11. Fees assessed (please	break down fees specifically)
Total Amount Due:	
Amount Paid	\$
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Date Received	
Date Received Received By:	\$
Received By:	\$
Received By:	\$
Received By: 12. Signature, title and pl sections 7 -12	\$hone number of ARDC representative completing
Received By: 12. Signature, title and pl sections 7 -12 Signature:	\$hone number of ARDC representative completing
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