

**OTTER TAIL COUNTY SHERIFF'S OFFICE**

**INFORMATION DISCLOSURE REQUEST  
Minnesota Government Data Practices Act**

File # \_\_\_\_\_

**A. REQUESTOR COMPLETE (items 1-6):**

1. Date: \_\_\_\_\_
2. Party to receive copy: \_\_\_\_\_
3. Description of information requested: \_\_\_\_\_
4. Intended use of data: \_\_\_\_\_
5. Signature of requestor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
6. Preference to receive report (*Subject to Determination of Sheriff's Office Records Staff*)  
( ) Mail ( ) In Person  
( ) Fax: \_\_\_\_\_ ( ) Email: \_\_\_\_\_

**B. OTTER TAIL COUNTY use:**

7. Request type:  In Person  Mail  Phone
8. Request handled by: \_\_\_\_\_
9. Requested by:  Subject of data  Not subject of data
10. Information is classified:  Public  
 Private  
 Confidential  
 Non-Public  
 Protected Non-Public
10. Request:  Approved  Denied  Approved in part  
(explain below)
11. Authorized signature: \_\_\_\_\_
12. Remarks/Comments (If requested data is classified so as to deny access to requestor, cite authority or reason. Also enter any other remarks/ comments appropriately.)  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTOR NOTE:**

Request Frequency- Private Data on Individuals. After you have been shown the data and are informed of its meaning, the data need not be disclosed to you for six months thereafter unless a dispute or action is pending or additional data on you has been collected. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.