

## DATA REQUEST FORM

### SECTION A: TO BE COMPLETED BY REQUESTER

You do not have to provide any of the below contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information, we will not be able to begin processing your request until you contact us. We will respond to your request as soon as reasonably possible.

Requester Name (Last, First MI):	Date of Request:
Street Address:	Phone #:
State, ZIP Code:	Signature:
<b>Describe the Data you are requesting as specifically as possible in the space below.</b> If you need more space, please use the back of this form. If you need assistance completing this form, please call our office or send us an email: 507-702-7077 or hayley.thies@sibleyswcd.org	

<b>I am requesting access to the data in the following manner:</b>	
<input type="checkbox"/>	Inspection at the office (free)
<input type="checkbox"/>	Copies
<input type="checkbox"/>	Both inspection and copies
<b>I am requesting the data via the following delivery method:</b>	
<input type="checkbox"/>	Email (Digital - Cheapest)
<input type="checkbox"/>	Pick-up at the Office (Paper Copy)
<input type="checkbox"/>	USPS - Mail (Paper Copy)

**Make check/money order payable to:** Sibley SWCD

**Mailing address:** 112 5<sup>th</sup> St., PO Box 161, Gaylord, MN 55334. **Office:** (507) 702-7077

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