

**Data Request Form**

Submit to:  
 The City of St. Cloud  
 Health & Inspections Department  
 400 2nd Street South  
 St. Cloud, MN 56301  
 or  
 Fax: (320) 650-3145

**A. To be Completed by Requester**

|  |                  |
|--|------------------|
| Requester Name (Last, First, M.):  | Phone Number:    |
| Street Address:  | Fax Number:      |
| City, State, Zip Code:   | Email Address:   |
| <b>Signature:</b>  | Date of Request: |
| <i>Note: According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.</i>  |                  |
| Description of the information requested:  |                  |
|  |                  |
|  |                  |
|  |                  |
| Delivery method for <b>public</b> information (note- Limited electronic transmission is free, but the City of St. Cloud charges \$0.25 per page for paper copies. Prepayment is required prior to receiving copies of data.). Identity must be verified for <b>private</b> information (see below):    Fax            Email            Mail            In Person |                  |

**B. To be Completed by Health & Inspections Staff**

|  |                    |                       |
|--|--------------------|-----------------------|
| Request received:  | Request completed: | Request completed by: |
| Action:<br><input type="checkbox"/> Approved<br><input type="checkbox"/> Approved in part (explain below)<br><input type="checkbox"/> Denied   |                    |                       |
| Remark or basis for denial:  |                    |                       |
|  |                    |                       |
| Identity verified for <b>private</b> information:<br><input type="checkbox"/> Not applicable<br><input type="checkbox"/> Identification provided (describe): _____<br><input type="checkbox"/> Comparison with signature on file<br><input type="checkbox"/> Personal knowledge<br><input type="checkbox"/> Other: _____ |                    |                       |