

Office of the County Attorney

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## INFORMATION DISCLOSURE REQUEST Minnesota Government Data Practices Act<sup>1</sup>

## A. Complete by Requester: Please PRINT all information

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER/EMAIL ADDRESS:
CITY, STATE, ZIP CODE:	SIGNATURE:
ARE YOU THE SUBJECT OF DATA REQUESTED? ☐ YE IF YES, DO YOU HAVE VALID IDENTIFICATION? ☐ YES DESCRIPTION OF THE INFORMATION REQUESTED:	S □ NO
INSPECT (no charge):□ RECEIVE COPIES (a fee may apply): □ ICR/Court File #:	
B. Complete by Attorney	
DEPARTMENT NAME:	HANDLED BY:  ☐ Jenna Peterson ☐ Amy Busse
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INFORMATION CLASSIFIED AS:	ACTION:
□ PUBLIC □ NON-PUBLIC	□ APPROVED
□ PRIVATE □ PROTECTED NON-PUBLIC	☐ APPROVED IN PART (explain below)
□ CONFIDENTIAL	☐ DENIED (explain below)
REMARKS OR BASIS FOR DENIAL OR PARTIAL APPRO	VAL INCLUDING STATUTE SECTION:
AUTHORIZED SIGNATURE:	DATE:
C. Complete by Redwood County Attorney's Office  DATE RELEASED:  RELEASED BY:  Jeni Rudenick  Amy Garza  Denise Kerkhoff	
PHOTOCOPYING CHARGES:	IDENTITY VERIFIED FOR PRIVATE INFORMATION:
□ NONE	☐ IDENTIFICATION: DRIVER'S LICENSE, STATE ID etc.
□ PAGES x=	☐ COMPARISON WITH SIGNATURE ON FILE
□ SPECIAL RATE:	□ PERSONAL KNOWLEDGE
(ATTACH EXPLANATION FOR SPECIAL RATE)	□ OTHER:

<sup>&</sup>lt;sup>1</sup> This form is only for a request for government data from this office. This office will not search for data from any other office or agency based on this request. You are not required to provide identifying or contact information but if you do not do so, we cannot ask any follow-up questions about your request or let you know when the data is ready.