

**Mid-Minnesota Development Commission (MMDC)  
Data Request Form**

Please Note: If you are seeking public information, we cannot require you to give us your name or address. If you are the s and are seeking private data about yourself, we can require that you provide us with sufficient identifying information and which clearly shows that you are the person entitled to the data. If you do not, the data cannot be released to you.

**Sections 1-6 to be completed by REQUESTER – Please print clearly**

<b>Mail completed form to:</b>	<b>MMDC Executive Director Mid-Minnesota Development Commission 1700 Technology Drive NE, Suite 300 Willmar, MN 56201</b>
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<b>1. Requester's Name (last name, first name, middle initial)</b>	
<b>2. Date of Request:</b>	<b>3. Phone Number:</b>
<b>4. Address:</b>	
<b>5. Description of Information Requested:</b>	
<b>6. Requester's Signature (only if needed to provide identity)</b>	
<b>Date:</b>	
<b>Additional Comments:</b>	

**Note: You may be charged a fee for the costs of making copies and/or compiling the information requested.**

Sections 7-12 to be completed by the MMDC

<b>7. Name of Person Responding to the Request:</b>	
<b>8. The Information Requested is Classified as:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private* <input type="checkbox"/> Confidential* <input type="checkbox"/> Nonpublic* <input type="checkbox"/> Protected Nonpublic* <span style="float: right;">(*Explain in #10)</span>	
<b>9. Request is:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part	
<b>10: Remarks/Comments</b> (if denied or partially denied) Attach copy of letter to requester, citing statutory or legal authority. Also enter any other remarks or comments that are appropriate.	
<b>11. Fees Assessed</b> (break down fees specifically)  \$ _____ Total Amount Due                      Date Received: ____/____/_____  \$ _____ Deposit Required              Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No              Received by: _____  \$ _____ Balance Due              Paid in Full? <input type="checkbox"/> Yes <input type="checkbox"/> No              Received by: _____	
<b>12: Signature, Title, and Phone Number of MMDC Responsible Authority Completing Sections 7-12:</b>  Signature: _____  Title: _____  Phone: _____  Date Form Completed: _____  Date Information Provided/Mailed: _____	



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