

TRI-COUNTY COMMUNITY CORRECTIONS  
REQUEST FOR GOVERNMENT DATA

If the data you are seeking is about an individual, please provide to the extent you know:

Name (Last, First, Middle): \_\_\_\_\_

Other Names: (including aliases, birth name, nicknames, maiden name, etc.) \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Description of Data Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to (check one): \_\_\_\_\_ Inspect (look at) the requested data (no charge)  
\_\_\_\_\_ Receive copies of the requested data (a fee may apply)

Please mail or bring this form to: Tri-County Community Corrections  
Attn: Data Practices Compliance Officer  
816 Marin Avenue, Suite 110  
Crookston MN 56716  
OR  
email to: [paul.bissonette@co.polk.mn.us](mailto:paul.bissonette@co.polk.mn.us)

*If you seek to inspect the data without charge, arrangements will be made to permit its inspection during normal business hours where the data is kept.*

OPTIONAL CONTACT INFORMATION

Tri-County Community Corrections cannot require you to provide identifying information when making your request, but if you do not provide a way to reach you, we cannot ask any follow-up questions about your request or let you know when the data is ready.

*Please provide any optional contact information below:*

Name (Last, First, Middle): \_\_\_\_\_

Address (Street / Apt./Suite #): \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## RESPONSE TO DATA REQUEST

The data information requested is Classified as: (check all that apply)

\_\_\_\_\_ Public; available for inspection on \_\_\_\_\_

\_\_\_\_\_ Public; copy provided upon payment of \_\_\_\_\_

\_\_\_\_\_ Public; provided by (example: email & date) \_\_\_\_\_

\_\_\_\_\_ Private \_\_\_\_\_ Non-Public (not on individuals)

\_\_\_\_\_ Confidential \_\_\_\_\_ Protected, Non-Public (not on individuals)

\_\_\_\_\_ No Such Data Exists

\_\_\_\_\_ No Such Data Exists That Can Be Legally Provided or Acknowledged

If Data is Classified in whole or in part as other than Public, legal authority for the classification is: \_\_\_\_\_

### FOR RELEASE OF NOT PUBLIC DATA ONLY

Proof of identity of authorized recipient by means of:

\_\_\_\_\_ Driver's License or State Identification

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Legal basis for release: \_\_\_\_\_  
(attach document, such as court order or informed consent)

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_