

Exhibit C

City of Brainerd Data Request Form – Data Subject

Request Date: _____

Contact Information:

Data Subject Name: _____

Parent/Guardian Name (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

The data I am requesting:

Describe the data you are requesting as specifically as possible.

I am requesting access to data in the following way:

- Inspection
- Copies
- Both Inspection and Copies

Note: Inspection is free but the City of Brainerd charges for copies when the cost is over \$5.00. **We will respond to your request within 10 Business Days.**

Police Records: Drop the form off at 225 East River Road, Brainerd, MN, 56401, fax to (218) 825-3489 or email to police@ci.brainerd.mn.us.

All other requests: Drop the form off at 501 Laurel Street, Brainerd, MN, 56401, fax to (218) 828-2316 or mail to inforequest@ci.brainerd.mn.us.

To Be Completed by Staff Member Responding to Data Request:

How Identity was Confirmed: _____

Date: _____

Staff Name: _____