Human Services of Faribault & Martin Counties

HSB-21B
10/2023

INFORMATION DISCLOSURE REQUEST – **PUBLIC**
Minnesota Data Practices Act

A. REQUESTOR COMPLETES

LAST NAME, FIRST, MI	PHONE	
ADDRESS (if information is to be mailed)		
INFORMATION REQUESTED (Specify) HOW DO YOU WANT THE INFO? ☐ Look at info only ☐ Copies ☐ Both		
SIGNATURE	REQUEST DATE	

B. FEES (No fee to inspect data)

FLAT RATE # OF PAGES _____ X RATE $_____ = $_____	SPECIAL RATE CALCULATIONS
PAYMENT INFORMATION – AMOUNT PREPAID – AMOUNT DUE – BALANCE DUE	

C. OTHER INFORMATION

- ☐ Make Check/Money Order payable to: Human Services of Faribault & Martin Counties
- ☐ Fax Form to 507-238-1574, Attn: Data Practices Compliance Officer (DPCO)
- ☐ If mailed, return entire form and any payment to: 115 W. First St, Fairmont, MN 56031, Attn: DPCO
- ☐ Email Form to datarequests@fmchs.com

D. FOR OFFICE USE

DEPARTMENT	REQUEST HANDLED BY:	
REQUEST TYPE: ☐ In Person ☐ Mail ☐ Fax ☐ Email	REQUESTED BY: ☐ Subject of Data ☐ Not Subject to Data Verified by: _____	DATA REQUEST ☐ Public ☐ Private
DISPOSITION ☐ Approved ☐ Denied, Reason _____	DATE NOTIFIED INFO AVAILABLE	DATE PROVIDED
COMMENTS		
AGENCY SIGNATURE	DATE	