



Data Request Form for Members of the Public

Data Request Details

Date of request:

I am requesting access to data in the following way:

Inspection

Copies

Copies and inspection

Note: inspection is free but we may charge for copies of data consistent with Minnesota Statutes, section 13.03, subdivision 3.

Describe the data you are requesting **as specifically as possible** in the space below:

Requestor Information

Name:

Address:

Phone number:

Email address:

You do not have to provide any of the above contact information. However, if you want us to mail/email you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

Please submit completed forms to datarequests@mnsure.org or:

MNSure Privacy and Security Manager
PO Box 64253
St. Paul, MN 55164-0253