

Date of Request: _____

Request Received By: _____

Iron Range Resources & Rehabilitation Board

**INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

1.	Requestor's Name:	_____	_____	_____
		Last	First	MI
2.	Address:	_____ _____ _____		
3.	Telephone:	_____		
4.	Description of Information Requested:	_____ _____ _____		
5.	Requestor's Signature:	_____		

Office Use Only	
1.	Department/Division Name: _____
2.	Request Type: ___ In-Person ___ Mail ___ Phone
3.	Fees: _____ X \$.25 = _____ (If over 100 copies – employee time will be added) # of Pages Rate
4.	Employee Signature: _____
5.	Request Approved _____ Request Denied _____ (If denied please state reason below)
6.	Remarks of Comments: _____ _____ _____ _____

If mailed, return form and fees to:
IRRRB, P.O. Box 441, Eveleth, MN 55734

Date of Completion: _____

Request Completed By: _____