

City of Albertville Data Request Form – Data Subjects

5959 Main Avenue NE Albertville, MN 55301			Fax:	763-497-3384 763-497-3210	
Date of request:					
I am requesting access to	o data in the following wa	ay:			
Inspection	□ Copies	Both inspe	Both inspection and copies		
-	Per Title 3, Chapter 1 of th bay for copies before we w	-	, the fe	e is \$.25 per page.	
These are the data I am to Describe the data you are the back of this form.	r equesting: e requesting as specificall ^y	y as possible. If you nee	ed mor	e space, please use	
Contact Information Data subject name					
Parent/Guardian name	(if applicable)				
Address					
Phone number	Email addro	ess			
Staff Verification					
Identification provided_					

We will respond to your request within 10 business days.

If you have any questions, contact Kris Luedke, City Clerk, at Krisl@albertvillemn.gov.