

Information Request Form

Records Management

Doc Type: Information Request Form

Instructions: Use this form to request information from the Minnesota Pollution Control Agency (MPCA) Records Management Unit via email. Please use Internet Explorer for your Web browser. If you have any questions, please contact the MPCA Records Management Intake/Triage staff at <u>recordsmanagementintaketriage.pca@state.mn.us</u> or call 651-757-2728 or 1-844-828-0942. All fields marked with an asterisk(*) are required to be filled in before the form will submit.

1. Complete the form and click on the "Submit" button at bottom of form to place the form into email.

- 2. You will receive an email response once your request is assigned and then again when it is complete.
- 3. For multiple Information Requests: If you have five requests or less, you must fill out a separate Information Request form for each one. If you have six or more requests, you may fill out one Information Request Form and put the additional requests in the Information Requested box at the bottom of the form.

Requester Information

*Requester name:		*Phone number:	
*Requester email address:			
Company name:			
Company billing address: (Address, Street, City, State, Zip)			
Site/Facility Informatio	n		
*Site/Facility name:		Previous site/ facility name:	
*Site address/location:			
*City:	Zip code:	*County:	
Program(s):			Preferred ID:

*Information Requested

Describe the information that you need (be as specific as you can):

Note: If a requester chooses not to give any identifying information, the MPCA will provide him/her with contact information so that he/she will be able to check on the status of his/her request. However, if the agency file manager handling the request has questions about it but is unable to contact the requester for clarification, this may result in a delay in processing the request.