

Prior to submitting this form, please verify that the information you are requesting is not already available through the following Minnesota Pollution Control Agency (MPCA) online link: <https://www.pca.state.mn.us/environmental-data>.

Use this form with Internet Explorer Web browser or Adobe Acrobat Reader to request information from the MPCA. If you have questions, please contact the MPCA Records Management Intake/Triage staff at recordsmanagementintaketriage.pca@state.mn.us or call 651-757-2728 or 1-844-828-0942.

1. Please fill out **one form for each Information Request**. Up to 10 requests processed per day, per requestor.
2. To ensure you are using the most updated request form, please go to the MPCA website for every new request.
3. You will receive an email response with the name of your file manager once your request is assigned, and then again when it is completed.

Requester information

(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.)

Date: _____

*Requester name: _____

*Phone number: _____

*Requester email address: _____

*Organization name: _____

*Organization or requester billing address: _____

(Address, Street, City, State, Zip)

Site/Facility information

(If you are requesting information about a specific site or facility, all the fields marked with an asterisk() are required to be filled in before the form will submit. If no site/facility is associated with this request, then you may enter N/A. Please note that failure to include required information will delay your request and may increase your cost.)*

*Site/Facility name: _____ Previous site/facility name: _____

*Site address/location: _____

*City: _____ *Zip code: _____ *County: _____

Program(s): _____

Agency Interest ID number: _____ *(Must also select one area of interest below)*

*MPCA Preferred ID or Site ID from WIMN (e.g., leak #, permit #, haz waste #): _____

Current public notice item: Yes No

*Area of interest (check one box only per request form)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Rules, Standards | <input type="checkbox"/> Feedlots | <input type="checkbox"/> Unpermitted Landfill |
| <input type="checkbox"/> Closed Landfill | <input type="checkbox"/> Site Assessment | <input type="checkbox"/> Hazardous waste | <input type="checkbox"/> Voluntary Investigation and Cleanup (VIC) |
| <input type="checkbox"/> Contracts | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Leaks, tanks, spills | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Superfund | <input type="checkbox"/> SSTS | <input type="checkbox"/> Stormwater | <input type="checkbox"/> Water Quality |

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

* **Yes - I acknowledge and agree by submitting this Information request form that I may be subject to costs as per the current costs schedule.** (The costs schedule can be found on the *Estimate for copy services form*. This form can be found on the MPCA Information Requests website at <https://www.pca.state.mn.us/about-mpca/information-requests>.)
I also agree to pay all costs within 30 days of the invoice date.