



Western Lake Superior Sanitary District Data Request Form

Date of Request _____

Describe or identify in reasonable detail the data you are requesting to see (inspect) or for which you request a copy.

You may inspect public data free of charge. The fees for copies of public data requested from WLSSD will be calculated as permitted by Minnesota Statutes section 13.03 or other law. WLSSD will make copies of public data for a fee as follows:

100 or fewer letter or legal sized pages	\$.25 per copy single sided; \$.50 per copy double sided, black and white.
101 or more letter or legal sized pages; or color copies	The actual cost of searching for and retrieving the data, plus the actual cost of employee time to make, certify, and/or electronically transmit copies of the data or the data themselves, plus the cost of materials (paper, CDROM, etc.) necessary to fulfill the request
Copies of pages larger than 8.5"x14"	Actual cost of searching for and retrieving the data, plus the actual cost of employee time to make, certify, and/or electronically transmit copies of the data or the data themselves, plus the cost of materials (paper, CDROM, etc.) necessary to fulfill the request.
Data available in electronic form	Actual cost of searching for and retrieving the data, plus the actual cost of employee time to electronically transmit copies of the data or the data themselves or providing the data on an electronic storage device, plus the cost of materials (paper, CDROM, etc.) necessary to fulfill the request.

Please check the appropriate box(es) below:

- I request to inspect or see the data.
- I request copies of the data and will pay a fee for the copies or electronic files.
- I am making a "standing request" to see or have copies of the data described above. WLSSD will honor your standing request for 6 months from the date of your request, but will not notify you when your request expires. You are responsible for renewing your standing request.

When requesting public data, you are not required to identify yourself or state the reason for your request. However, providing the following information may help Western Lake Superior Sanitary District respond to your request:

Name: _____

Address: _____

Telephone number: _____ Email address: _____

Email completed forms to datarequest@wlssd.com

Or, send via mail or deliver in person to:

**WLSSD Data Request
2626 Courtland St.
Duluth, MN 55806**