

Request for public data

Purpose

Use this form if you are requesting copies or inspection of public data from the Minnesota Department of Children, Youth, and Families (DCYF).

Instructions

Complete and submit this form at dcyf_datarequest@state.mn.us or mail to the Minnesota Department of Children, Youth, and Families Attention: Data Request, 444 Lafayette Rd, Saint Paul, MN 55155. Please be specific. Please print.

SECTION 1

DATE OF REQUEST

SECTION 2: Requestor's contact information*

FIRST NAME	MIDDLE INITIAL	LAST NAME		
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS			

*You do not have to provide any of the above contact information. However, if you want us to send you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

SECTION 3: Description of Data

As specifically as possible, describe the information you would like to inspect or for which you would like to receive copies.

SECTION 4: Format

I am requesting access to data in the following way:

- In person inspection
 Paper Copies
 Electronic Copies Sent via Email

Note: Inspection is free, but DCYF may charge for copies.

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုၣ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၣ်လိၣ်ဘၣ်တၢ်မၤစၢၤတလီၤတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီၤလံာ်စိတခါအံၤန့ၣ်,ကိးဘၣ်လီၤဝဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information or or assistance with additional equal access, write to DCYF.info@state.mn.us, call 651-539-7700, or use your preferred relay service.