



CCM Health MGDPA Public Data Request Form

Date of Request: _____

Description of the Public Data Requested:

Please describe the data requested as specifically as possible, including where applicable name(s), date(s), and place(s). Please avoid using words and phrases such as "any and all" or "etc." as this does not specifically identify the data you request.

Describe How You Would Like to Access or Receive the Data:

Please note that depending on your request and how you would like to receive the data, there may be costs associated with your request. We will advise you of these costs and require prepayment.

Contact Information:

Name: _____

Organization (*if applicable*): _____

Address: _____

Phone Number: _____ Email: _____

You are not required to provide any or all of the contact information above. However, if you would like us to mail or email you copies of the data, we will need the necessary information to do so. Additionally, if we do not understand your request and have no way to contact you, we will not be able to respond.

Thank you for your request. CCM Health will respond as soon as reasonably possible.

Please mail or return form to: CCM Health; 824 N 11 St; Montevideo, MN 56265