

LG701 Request for Data from the Minnesota Gambling Control Board

Note: The Board's website (www.mn.gov/gcb) may contain the data you are seeking.

REQUESTED BY

Name: _____ Phone Number: _____

Organization: _____

Address: _____ City/State/Zip: _____

County: _____ Email: _____

DATA REQUESTED

Describe the data being requested:

SPECIFIC LICENSEE DATA REQUESTED

Licensee: _____ City: _____ License Number: _____

Information being requested:

FORMAT

Paper
 Digital/Electronic
 Other (describe): _____

The Board will contact you with an estimated cost prior to initiating the project.

FEE

Data fee: \$50 Note: If request requires special handling, \$50 for each additional hour.

Other costs: \$ _____

Total: \$ _____

PAYMENT REQUIRED

Payment is required before data is released.

Make checks payable to: **State of Minnesota**

Mail request and payment to: Minnesota Gambling Control Board
Suite 300 South
1711 West County Road B
Roseville, MN 55113

For Board use only:

Total paid: \$ _____

Cash
 Check number _____

Date mailed, emailed, or picked up: _____