

REQUEST FOR MAILING LIST

Section 1: Requestor Information				
Organization Name:				
Contact Person Name:				
Mailing Address:				
City:	State:	Zip Code:		
Email:			Phone:	
Preferred Sort:		Preferred File Format:		
ALPHA by Last Name	NUMERIC by Zip-Code	ACCDB	Excel Spread Sheet	CSV
Reason for Request:				

Section 2: Instructions and Information	
<p>Digital Mailing List: Mailing lists are intended for ONE TIME USE ONLY, as data contained in the request changes frequently. Data received via a request may not be shared or duplicated. We offer a digital copy of labels sort by ALPHA by Last Name and/or NUMERIC by Zip-Code. If no preference is chosen, then the list will be sent ALPHA by Last Name. Please include a copy of what you plan to email/mail, if available. Please allow up to 10 business days for processing after request and fee is received. Digital list will be emailed to the email listed. There is a \$50.00 service fee.</p>	
<p>Physical Mailing List Instructions: Mailing list of all Minnesota Licensed Assisted Living Directors, Health Service Executives, and Nursing Home Administrators can be requested from Jacki Bellefeuille. You do not need to submit payment for a physical only list to the BELTSS Office. You ARE responsible to pay for the fee stated by Jacki Bellefeuille and that fee must be submitted to them. Jacki Bellefeuille can be contacted by Phone at (651) 201-3206 or Jacki.Bellefeuille@state.mn.us . This mailing list does NOT include licensees' email addresses.</p>	
<p><i>By signing and dating below, I agree to comply with requirements in Minnesota Statute and Rules governing data requests and fees.</i></p>	
Print Name:	
Signature of Requestor	Date:

FOR BELTSS OFFICE USE ONLY				
Received Date:	Digital Mailing -Labels (RSRC 640110): \$50.00	Sent:	CHECK #:	DEP #: