

**INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

(NOTE: The information requested on this form is classified by MN Statutes §13.03 as public data. Your name and contact information are requested so City staff may clarify your request and notify you when it is complete. Proof of identity is required to verify access eligibility prior to accessing data classified as private data.)

A. Completed by Requestor

REQUESTOR NAME (Last, First, M):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. Completed by Department

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (explain below) <input type="checkbox"/> DENIED (explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> _____ Pages x _____ = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation)	IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
AUTHORIZED SIGNATURE:	DATE: