

INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act

TO BE COMPLETED BY REQUESTER: (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.)	
	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY STATE 7D CODE.	EMAIL ADDRESS.
CITY, STATE, ZIP CODE:	EMAIL ADDRESS:
SIGNATURE:	
DESCRIPTION OF THE INFORMATION REQUESTED	
CITY ADDRESS (IF APPLICABLE):	
DETAILS:	
TO BE COMPLETED BY THE CITY	
DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS.	A CTION.
INFORMATION CLASSIFIED AS:	ACTION:
PUBLIC NONPUBLIC	APPROVED
PRIVATE PROTECTED NONPUBLIC	APPROVED IN PART (EXPLAIN BELOW)
□ CONFEDENTIAL	DENIED (EXPLAIN BLEOW)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES:	IDENTITY VERIFIED FOR PRIVATE INFORMATION:
□ NONE	Didentification: DL, STATE I.D., etc.
□PAGES x=	COMPARISON WITH SIGNATURE ON FILE
SPECIAL RATE:	PERSONAL KNOWLEDGE
(ATTACH EXPLANATION)	
	OTHER
AUTHORIZED SIGNATURE:	DATE: