



INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act, Chapter 13.03

DATE: _____

Name of Requestor: _____

Requestor's Address: _____

Requestor's Phone #: _____

Requestor's Emails: _____

Property Address (if applicable): _____

Information Being

Requested: _____

PLEASE NOTE: Pursuant to Section 13.03, you will be required to pay the actual cost of making, certifying and compiling copies. When possible, information will be provided upon request or supplied to you via email. However, the City reserves the right to take up to 5 business days to process the request in accordance with Minnesota State Law.

Requestor's
Signature: _____

Print
Name: _____

FOR OFFICE USE ONLY:

DEPARTMENT: _____ REQUEST HANDELED BY: _____

CHARGES: \$ _____ (CHECK _____ CASH _____ CREDIT _____)

DATA CLASSIFICATION:

_____ PUBLIC (Data on Individual) _____ PUBLIC (Data NOT on Individual)

_____ PRIVATE (Data on Individual) _____ CONFIDENTIAL (Data on Individual)

_____ NON-PUBLIC (Data NOT on Individual)

REQUEST APPROVED: _____ REQUEST DENIED: _____ CITY CLERK: _____

KIM MOORE; CITY CLERK