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INFORMATION DISCLOSURE REQUEST Minnesota Government Data Practices Act

A. Completed by Requestor

REQUESTOR NAME (Last, First Middle):	DATE OF REQUEST:
STREET ADDRESS:	DAYTIME PHONE NUMBER:
CITY, STATE, ZIP CODE:	EMAIL ADDRESS:
DESCRIPTION OF THE INFORMATION REQUESTED:	
SIGNATURE:	
B. Completed by City	
DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS:	ACTION:
☐ PUBLIC ☐ NON-PUBLIC	☐ APPROVED
☐ PRIVATE ☐ PROTECTED NON-PUBLIC	☐ APPROVED IN PART (explain below)
CONFIDENTIAL	☐ DENIED (explain below)
REMARKS OR BASIS FOR DENIAL, INCLUDING STATUTE SECTION:	
CHARGES:	IDENTITY VERIFIED FOR PRIVATE INFORMATION:
NONE	☐ IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc.
□ Pages x= \$	☐ COMPARISON WITH SIGNATURE ON FILE
Special Rate: (attach explanation)	☐ PERSONAL KNOWLEDGE
	☐ OTHER:
AUTHORIZED SIGNATURE:	DATE: