

INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act

A. COMPLETED BY REQUESTER

B. How would you like to receive the requested data: ☐ Pick up ☐ Electronic Transmission ☐ Postal mail ☐ View in person

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

Please allow up to 10 days to complete your request.

C. COMPLETED BY DEPARTMENT

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: ☐ PUBLIC ☐ NON-PUBLIC ☐ PRIVATE ☐ CONFIDENTIAL ☐ PROTECTED NON-PUBLIC	ACTION: ☐ APPROVED ☐ APPROVED IN PART (explain below) ☐ DENIED (explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
SEARCH & RETRIEVAL CHARGES DUE BEFORE DATA WILL BE RELEASED ☐ NONE ☐ _____ Hours x _____ = _____ ☐ _____ Photocopy Pages x _____ = _____ ☐ Special Rate: _____ (explanation) ☐ Mailing charges _____ TOTAL FEES: _____	IDENTITY VERIFIED FOR PRIVATE INFORMATION: ☐ IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. ☐ COMPARISON WITH SIGNATURE ON FILE ☐ PERSONAL KNOWLEDGE ☐ OTHER: _____
AUTHORIZED SIGNATURE	DATE:
_____	_____

Email Completed Form To Secretary@Frazeecity.com or Mail to City Hall at PO Box 387, Frazee MN 56544.