

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

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| REQUESTER NAME (Last, First, M.): | DATE OF REQUEST: |
| STREET ADDRESS: | PHONE NUMBER: |
| CITY, STATE, ZIP CODE: | SIGNATURE: |
| DESCRIPTION OF THE INFORMATION NEEDED: | |
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Please allow up to 10 days to complete your request.

C. COMPLETED BY DEPARTMENT

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| DEPARTMENT NAME: | HANDLED BY: |
| INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> PROTECTED NON-PUBLIC | 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: | |
| SEARCH & RETRIEVAL CHARGES DUE BEFORE DATA WILL BE RELEASED <input type="checkbox"/> NONE <input type="checkbox"/> _____ Hours x _____ = _____ <input type="checkbox"/> _____ Photocopy Pages x _____ = _____ <input type="checkbox"/> Special Rate: _____ (explanation) <input type="checkbox"/> Mailing charges _____ TOTAL FEES: _____ | 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: |
| _____ | _____ |