



Staff Use Only

Date Submitted _____
Request Number _____

Minnesota Government Data Practices Act INFORMATION DISCLOSURE REQUEST

**Please note: It is helpful to know who you are and/or how to contact you in order to respond to your request (setting up an appointment for inspection of records or letting you know when your copies are ready for pick-up). However, you are not required to provide this information.*

Completed by Requester (Please Print)

Name (Last, First, MI)

Today's Date

Street Address

Phone Number

City, State, Zip

Fax Number (if applicable)

E-Mail Address

Detailed description of the data you are requesting: (include complete addresses, names, and dates whenever possible) If you need more space use the back of this form.

Completed by the City of Minnetrista

Handled by: _____
Staff Member

Department

Information classified as:

☐ Public ☐ Non-Public ☐ Private ☐ Protected Non-Public ☐ Confidential ☐ Copyrighted

Action:

☐ Approved ☐ Approved in part (Explain Below) ☐ Denied (Explain Below)

Remarks or basis for denial including MN Statute if applicable:

Charges:

☐ None
☐ Photocopy:
_____ Pages x _____ cents = _____
☐ Special Rate: _____
Explanation _____
☐ Other: _____
Explanation _____

Identity Verified for Private Information:

☐ Identification: Driver's License, Passport, Military ID, Etc.
☐ Comparison with Signature on File
☐ Personal Knowledge
☐ Other _____

Authorized Signature

Date Completed