A. To be Completed by Requester (optional for the sole purpose of facilitating access to data)

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Fax Number:
City, State, Zip Code:	Email Address:
Signature:	Date of Request:

Note: *According to Minn. Stat. § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.*

I am requesting access to data in the following way:

☐ **Inspection** ☐ **Copies** ☐ **Both inspection and copies**

Note: *Minn. Stat. § 13.03 and 13.04 authorize the City to charge fees to recover costs to provide copies of data. Prepayment is required. There is no charge for inspection or for separating not public data from public data. The City may charge the actual cost for searching and retrieving data, except for requests made by data subjects.*

Note: *The City will respond within a reasonable time for all requests, except for requests by data subjects, which shall be responded to within 10 days of the date of the request.*

Description of the Data Requested (attach additional pages if needed):

B. To be Completed by City Department

Department Name:	Handled by:
Information Classified as: ☐ Public ☐ Non-Public ☐ Private ☐ Protected Non-Public ☐ Confidential	Action: ☐ Approved ☐ Approved in Part (Explain below) ☐ Denied (Explain below)

Remarks or basis for denial including statute section:

Copying Charges (*Minn. Stat. §§ 13.03and 13.04)*: ☐ None ☐ Members of the Public (100 or fewer copies): _____ Pages x $.25 per Black/White Page = _____ ☐ Members of the Public (more than 100 copies) and Data subjects: Employee time: $____/hr x ____ Hours = _____ _____ Pages x $____ per Black/White Page = _____ ☐ Other Charges (e.g. CDs, postage): _____ = _____ Total Charges = _____	Proof of Identity Verified of Requester of Private Data as the Data Subject: ☐ Valid Identification: Driver's License, State ID, Military ID, Passport, Etc. ☐ Comparison with Signature on File ☐ Personal Knowledge ☐ Informed Consent form signed by data subject ☐ Other: _____

Authorized Signature: _____ Date: _____