



Minnesota Government Data Practices Act

DATA PRACTICES REQUEST FORM

A. Completed by Requester (Please Print)

Name (Last, First, MI) Date

Street Address Phone Number

City, State, Zip e-mail address

You do not have to provide any of the above contact information. However, if you want us to mail you copies of data, we will need some type of contact information. In addition, if we need clarification from you, without contact information we will not be able to begin processing your request until you contact us. The information provided above will be kept confidential and will only be used to contact the requester when the data is ready and/or to send the requested data if the City is unable to compile the data at the time the request is made.

I am requesting access to data in the following way:

- Inspection Copies (mailed to address above) Copies (to be picked up) Electronic data (if available electronically) sent to email address above or saved to electronic storage media

Data I am requesting:

Detailed description of the information requested. Include complete addresses, names and dates whenever possible. Please be as specific as possible in your request or you may be paying for the retrieval and copies of unnecessary data. Attach additional sheets if necessary.

Multiple horizontal lines for providing a detailed description of the information requested.

I understand that I will be billed at a rate of \$.25 per page for black and white copies and at a rate of \$.50 per page for colored copies for all data that I have requested. I understand that I will be billed per the city's fee schedule for the costs of searching for and retrieving the data, including the cost of employee time making, certifying, and electronically transmitting the copies of the data for any request that is over 100 pages (per MN Stat. 13.03, Sub. 3 (c)). I understand that I will be billed for all other costs associated with this data request such as, but not limited to, postage, DVDs, sales tax, etc. I agree to pay my bill in full upon receipt of the invoice.

Requester Signature: Date:

(Part B on reverse side: to be completed by Staff)



B. Completed by the City of Medina Staff processed by: _____

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. Explanation: _____

- Photocopy:
 _____ Pages x _____ cents = \$ _____
 _____ Pages x _____ cents = \$ _____
- Other. Explanation: _____

Identity Verified for Private Information:

- Identification: Driver's License, Etc.
- Comparison with Signature on File
- Personal Knowledge
- Other _____

Authorized Staff Signature: _____ **Date:** _____