



**DATA REQUEST FORM**  
Minnesota Government Data Practices Act

**A. Completed by Requester**

<b>Requester Name:</b>	<b>Date of Request:</b>
<b>Mailing address:</b>	<b>Phone number:</b>
<b>City, State, Zip:</b>	<b>Signature:</b>
<b>Detailed description of information requested:</b>	

**B. Completed by Department**

<b>Department name:</b>	<b>Handled by:</b>
<b>Information classified as :</b> <input type="checkbox"/> Public <input type="checkbox"/> Non-public <input type="checkbox"/> Private <input type="checkbox"/> Protected non-public <input type="checkbox"/> Confidential	<b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part (explain below) <input type="checkbox"/> Denied (explain below)
<b>Remarks or basis for denial including statute section:</b>	
<b>Miscellaneous Charges :</b> <input type="checkbox"/> None <input type="checkbox"/> _____ Pages x _____ = _____ <input type="checkbox"/> Labor: #hrs. _____ x hourly rate _____ = _____ <input type="checkbox"/> Other fees _____ <input type="checkbox"/> Prepaid 50% of estimated total \$ _____ Amount received \$ _____ date _____ Fees charged are in accordance with Minnesota Statutes Section 13.03 (3)	<b>Identity verified for private information:</b> <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: _____
<b>Authorized signature:</b> _____	<b>Date:</b> _____