INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act

A. Completed by Requestor REQUESTER NAME (Last, First, M.): DATE OF REQUEST: STREET/MAILING ADDRESS: PHONE NUMBER: CITY, STATE, ZIP CODE: SIGNATURE: Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form: I AM REQUESTING ACCESS TO THE DATA IN THE FOLLOWING MANNER: ___Copies ____Inspection ____Both inspection and copies Paper_____Pick up_____ Mail_____ Email____Other____ Email address: __ B. Completed by City of Emily INFORMATION CLASSIFIED AS: ACTION: □ PUBLIC ☐ NON-PUBLIC ☐ APPROVED □ PRIVATE ☐ PROTECTED NON-PUBLIC ☐ APPROVED IN PART (explain below) □ CONFIDENTIAL □ DENIED (explain below) CITY CLERK REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION: MINNESOTA CLASSIFICATION CODE: COPYING CHARGES/ASSOCIATED COSTS: IDENTITY VERIFIED FOR PRIVATE INFORMATION: □ NONE □ DEPOSIT \$_____ ☐ IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. □ Pages x = ☐ COMPARISON WITH SIGNATURE ON FILE ☐ Actual Cost: _____ □ PERSONAL KNOWLEDGE □ OTHER: CITY CLERK SIGNATURE: DATE: DEPARTMENT SIGNATURE: DEPARTMENT REMARKS:

Make check/money order payable to: City of Emily

DATE:

If mailed, return form: City of Emily, Attn: City Clerk, P.O. Box 68, Emily, MN 56447, or email form to clerk@emily.net