CITY OF CRYSTAL

INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act

A. REQUESTER COMPLETE *(Items 1-5)*

1. DATE OF REQUEST	
2. REQUESTER NAME (Last, First, M.)	**REQUESTER NOTE:** **A.** Request Frequency—Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected. **B.** You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.
3. ADDRESS *(If needed)*	
4. PHONE *(If needed)*	
4. DESCRIPTION OF THE INFORMATION REQUESTED	
5. REQUESTER SIGNATURE X	

B. DEPARTMENT/DIVISION COMPLETE

6. DEPARTMENT/DIVISION NAME	7. REQUEST HANDLED BY
8. REQUEST TYPE ☐ In-person ☐ Mail ☐ Phone	9. REQUESTED BY ☐ Subj. of the data ☐ Not the subj. of the data
10. THE INFORMATION REQUESTED IS CLASSIFIED: ☐ PUBLIC ☐ NON-PUBLIC ☐ PRIVATE ☐ PROTECTED NON-PUBLIC ☐ CONFIDENTIAL	11. REQUEST ☐ Approved ☐ Denied ☐ Approved in part (explain in 13) 12. AUTHORIZED SIGNATURE X
13. REMARKS/COMMENTS *(If requested data is classified so as to deny access to the requester cite authority or reason. Also enter any other remarks/comments appropriate).*	

C. DEPARTMENT/DIVISION COMPLETE WHEN FEES ARE ASSESSED *(A receipted copy of this form is to be provided to the requester each time money is received.)*

14. ☐ FEES: FLAT RATE _____ X * _____ (NO. OF PAGES)	15. ☐ FEES: SPECIAL RATE *(Complete and attach cost calculation form when other than the FLAT RATE or STANDARD FEE SCHEDULE is used.)*

* See Admin. Manual for FLAT RATE Amount.

I have received from the above named, the amount indicated opposite my signature in payment for providing the information requested.

16. TOTAL AMOUNT DUE	$		RECEIVED BY	TODAY'S DATE
17A. AMOUNT TO BE PREPAID *(50% of est. total if over $50.00)*	$		RECEIVED BY	TODAY'S DATE
17B. BALANCE DUE *(Upon completion of copying)*	$		RECEIVED BY	TODAY'S DATE

D. REQUESTER PLEASE NOTE ITEMS CHECKED

1. ☐ Make check/money order payable to: _____

2. ☐ If mailed, return entire form and any fees to:

_____

_____

_____

GAGNON PRINTING CO.