



Information Disclosure Request

Minnesota Government Data Practices Act

A. To be Completed by Requester

Requester Name (Last, First, M.):	Phone Number:
Street Address:	City, State, Zip Code:
Date of Request:	Signature:
Email:	
Note: According to Minnesota Statutes, Chapter 13 (Minnesota Government Data Practices Act), individuals are not required to identify themselves or state a reason for requesting public data.	
Description of the information requested: (add page(s) as necessary) _____ _____ _____	
I am requesting access to the data in the following manner: <input type="checkbox"/> Inspection <input type="checkbox"/> Paper copies <input type="checkbox"/> Digital	
Preferred method of delivery: <input type="checkbox"/> Pick up <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____	
Note: The city charges \$.25 per page up to 100 pages. If more than 100 pages, you will be charged actual cost including time searching and retrieving. Inspection of public data is free of charge.	

B. Completed by the City of Pierz

Date Received:	Date Completed:	Completed by:
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part (explain below) <input type="checkbox"/> Denied (explain below)	Information classified as: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Protected Non-Public <input type="checkbox"/> Confidential	
Charges: _____ Pages x _____ = _____	Identity verified for private information: <input type="checkbox"/> Identification provided (describe) <input type="checkbox"/> Comparison with signature on file <input type="checkbox"/> Personal knowledge <input type="checkbox"/> Other: _____	
Remark or basis for denial:		