

Information disclosure request

Minnesota Government Data Practices Act

A. Completed by requester

(Optional, for the sole purpose of facilitating access to the data.)

Requester name: _____ Date of request: _____

Request type: In-person Phone Mail

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____ Signature: _____

Description of the information requested: _____

NOTE: You may be required to pay the actual cost of making and/or compiling the copies of the information requested.

B. Completed by department

Department name: _____ Request handled by: _____

Method of response: In-person Phone Mail Fax

Information classified as: Public Private Non-public Confidential Protected non-public

Action: Approved Approved in part (explain below) Denied (explain below)

Identity information for private information: Identification Compare signature on file

Personal Knowledge Other

C. Complete when fees are assessed Photocopy charges: None _____ (number of pages)

X 0.25 = _____ Fees (complete cost calculation):

_____ Total amount due:

_____ Received by: _____ Date: _____

Authorized signature: _____

Makes check/money order payable to: City of Harris

If mailed, return form and any fees to:

City of Harris
PO Box 111
Harris, MN 55032