

Data Request Form

**Submit to:
City of Finlayson
PO Box 244
Finlayson, MN 55735**

To be Completed by Requester

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Fax Number:
City, State, Zip Code:	Email Address:
Signature:	Date of Request:
<i>Note: According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.</i>	
Description of the Information Requested:	

To be Completed by City Department

Department Name:	Handled by:
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	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in Part (Explain below) <input type="checkbox"/> Denied (Explain below)
Remarks or basis for denial including statute section:	
<i>Note: According to MS § 13.03, subd. 3, authorizes us to charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. Prepayment is required prior to receiving copies of data. We do not charge for inspection of data or for separating not public data from public data.</i>	
Copy Charges: <input type="checkbox"/> _____ Pages x .25¢ per Black/White Pages = _____ <input type="checkbox"/> Employee Time (\$_____ per hour) X _____ Hours = _____ (only charge if over 100 pages) <input type="checkbox"/> Other Charges = _____ <input type="checkbox"/> Special Rate: _____ (Packet/Other_____) = _____ <p style="text-align: right;">Total Charges: \$ _____</p>	Identity Verified for Private Information: <input type="checkbox"/> Identification: Driver's License, State Id, Etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other: _____
Method of Request: <input type="checkbox"/> In Person <input type="checkbox"/> Fax <input type="checkbox"/> E-Mail <input type="checkbox"/> Other <input type="checkbox"/> Mail	
Authorized Signature: _____ Date: _____	