

CITY OF WALKER
 INFORMATION DISCLOSURE REQUEST
 Minnesota Government Data Practices Act

FYI: Per the League of Minnesota Cities the City of Walker may take two weeks to complete an information request depending on the volume of the request.

A. Completed by Requester

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| REQUESTER NAME (Last, First, MI): | Date of Request: |
| Street Address: | Phone Number: |
| City, State, Zip Code: | Signature: |
| <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> | |
| EMAIL ADDRESS: | |
| Description of the Information Requested: (Attach additional sheets is necessary) | |
| | |

B. Completed by Department *Note: According to MS §13.03, subd 3, authorizes us to charge fees to recover the cost 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.*

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|---|---|
| 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"/> Approve In Part (Explain Below) <input type="checkbox"/> Denied (Explain Below) |
| Remarks or Basis for Denial, including Statute Section: | |
| Charges: <input type="checkbox"/> None <input type="checkbox"/> Photocopy: ___ Pages x ___ cents = ___ <input type="checkbox"/> Special Rate: _____ (attach explanation) <input type="checkbox"/> Other: _____ (attach explanation) | 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: _____ |
| AUTHORIZED SIGNATURE: | DATE: |
| | |