

CITY OF PIPESTONE

Date Submitted _____

Minnesota Government Data Practices Act INFORMATION DISCLOSURE REQUEST

**Please note:* It is helpful to know who you are and/or how to contact you in order to respond to your request (setting up an appointment for inspection of records or letting you know when your copies are ready for pickup). However, you are not required to provide this information.

Completed by Requester (Please Print)

Name (Last, First, MI)

Today's Date

Street Address

Phone Number

City, State, Zip

Email Address

Detailed description of the data you are requesting: (include complete addresses, names, and dates whenever possible) If you need more space use the back of this form.

I want to receive requested data by (select one option):

_____ Inspection _____ Paper copies _____ Email

Completed by City of Pipestone

Information classified as:

_____ Public _____ Non-Public _____ Private _____ Protected Non-Public

_____ Confidential _____ Copyrighted

Action :

_____ Approved _____ Approved in Part (Explain Below) _____ Denied (Explain Below)

Remarks or basis for denial including Minnesota Statutes if applicable:

Charges:

_____ None

_____ Photocopy: _____ pages x _____ cents = _____

_____ Other: _____

Authorized Signature

Date Completed