



CITY OF PINE ISLAND
 250 South Main Street – PO Box 280
 Pine Island, MN 55963
www.pineislandmn.com
 Phone: (507)356-4591
 Fax: (507)356-8230

REQUEST FOR INFORMATION

FILL IN ALL BLANKS. WRITE N/A IF A QUESTION DOES NOT APPLY

STEP 1. APPLICANT INFORMATION

1. First Name		2. Last Name	
3. Primary Telephone Number	4. Type of Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Business <input type="checkbox"/> Home <input type="checkbox"/> Other	5. Email Address	
6. Address:			
10. Please send official notices relating to this application to:			
<input type="checkbox"/> Mailing Address		<input type="checkbox"/> Email	

STEP 2. REQUESTED RECORDS DESCRIPTION

1. Records Being Requested:

STEP 3. REVIEW AND VARIFICATION

CHECK ONE AND SIGN BELOW: NO CHARGE IF YOU ARE THE *DATA SUBJECT *
 (DATA SUBJECT APPLIES TO A PERSON NOT A BUSINESS OR PROPERTY)

_____ I AGREE TO PAY ALL CHARGES FOR RESEARCH, AND PHOTO COPIES (SEE CHARGES BELOW)

_____ I AGREE TO PAY CHARGES FOR RESEARCH ONLY, AND WISH TO INSPECT THE RECORDS IN PERSON BEFORE ANY COPIES ARE MADE. I AGREE TO THE PAY THE COPYING CHARGES OF ANY RECORDS I WISH COPIES OF.

Signature of Applicant _____

Date _____



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FOR CITY STAFF USE ONLY	
1. Is the application filled out in it's entirety? <input type="checkbox"/> Yes <input type="checkbox"/> No (What is needed to complete the application?)	
2. Received by:	3. Date Received:
4. Data Classified: Public _____ Other _____	5. Fee Paid:
13. Approved or Denied: (reason for denial):	
16. Applicant notified (date, method, staff member):	
8. Employee assigned to fill request:	9. Date request filled:
10. Charges Incurred in filling request:	
\$ _____ Copy	\$0.25 a copy/page or \$0.50 color copies.
\$ _____ Research	15 minutes at no charge, \$35per hour thereafter
\$ _____ Total	No Fee for electronic viewing