CITY OF WILLMAR
INFORMATION DISCLOSURE REQUEST FORM
PO Box 755, Willmar, MN 56201
320-235-4913 FAX – 320235-4917

A. REQUESTOR COMPLETE:

1. REQUESTORS NAME: 

2. ADDRESS: 

3. DESCRIPTION OF THE INFORMATION REQUESTED:

4. REQUESTS SIGNATURE: 

5. NOTE: If the data subject authorizes the release of private information to his agent or to another agency, the data subject’s signature must be notarized.

   Subscribed and Sworn to Before me this _______ day of _______ , 20 ______.

   Notary Public

B. DEPARTMENT/DIVISION COMPLETE:

6. DEPARTMENT/DIVISION NAME: 

7. REQUEST HANDLED BY: 

8. REQUEST TYPE: _____ IN PERSON _____ MAIL _____ PHONE __

9. REQUESTED BY: _____ SUBJECT OF DATA _____ NOT SUBJECT OF DATA

10. THE INFORMATION REQUESTED IS CLASSIFIED: _____ PUBLIC _____ PRIVATE

      _____ CONFIDENTIAL _____ NON-PUBLIC _____ PROTECTED NON-PUBLIC

11. REQUEST: _____ APPROVED _____ DENIED _____ APPROVED IN PART

12. AUTHORIZED SIGNATURE

13. REMARKS / COMMENTS (if requested data is classified so as to deny access to the requestor cite authority or reason. Also enter any other remarks / comments appropriate.)

________________________________________________________________________

________________________________________________________________________
C. DEPARTMENT / DIVISION COMPLETE WHEN FEES ARE ASSESSED
(A receipted copy of this form is to be provided to the requestor each time money is received.)

14. Copying Fees

A. 8 ½” x 11” or 11” x 17”
   Flat Rate _______ x $0.25 each = $___________________

B. Maps or Drawings greater than 11” x 17”
   Flat Rate _______ x $4.00 each = $___________________

C. Aerial Photographs
   Flat Rate _______ x $6.00 each = $___________________

D. Enlargements or Reductions
   Flat Rate _______ x $1.00 each = $___________________

E. Fire Reports
   Flat Rate _______ x $0.25 each = $___________________

15. Compiling Fees

Hourly Rate _______ _______ Hours = $___________________

16. VHS Videotape / CD / DVD Fees

   Device Cost _______ $___________________
   Recording Fee _______ $___________________

17. Postage Fees

   Postage Rate _______ $___________________

   TOTAL $___________________

THE CITY OF WILLMAR RESERVES THE RIGHT TO REQUIRE A 50% PREPAYMENT OF THE
ESTIMATED TOTAL COSTS IF OVER $50.00

I have received from the above name, the amount indicated opposite my signature in payment for
providing the data.

TOTAL AMOUNT DUE _______ RECEIVED BY _______ DATE _______
PREPARED AMOUNT _______ RECEIVED BY _______ DATE _______
BALANCE DUE _______ RECEIVED BY _______ DATE _______

MAKE CHECK OR MONEY ORDER PAYABLE TO THE CITY OF WILLMAR IF MAILED,
RETURN ENTIRE FORM TO: CITY OF WILLMAR – PO BOX 755, WILLMAR, MN 56201

You may cancel this Information Disclosure at any time prior to the information being released and that in any
event this consent Form expires automatically 90 days after the signing.