

CITY OF TWO HARBORS
INFORMATION DISCLOSURE REQUEST FORM
 Minnesota Government Data Practices Act

A. Completed by Requester

REQUESTER NAME (Last, First, M):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. Completed by 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 <input type="checkbox"/> DENIED
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES: <input type="checkbox"/> None <input type="checkbox"/> _____ PAGES X _____ CENTS = _____ <input type="checkbox"/> SPECIAL RATE _____ (attach explanation)	Identity verified for private information: <input type="checkbox"/> IDENTIFICATION: DRIVERS LICENSE, STATE ID, ETC. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
AUTHORIZED SIGNATURE:	DATE:

** The information that you are asked to provide is classified by state law as public. Our purpose and intended use of this information is to consider your request. You are not legally required to provide this information. You may refuse to provide this information. If you do not provide the requested information we will not be able to contact you to let you know when the response to your request has been completed. Other persons or entities may be authorized by law to receive this information.*