

CITY OF ST. ANTHONY VILLAGE
 INFORMATION DISCLOSURE REQUEST
 MINNESOTA GOVERNMENT DATA PRACTICE ACT



A. COMPLETED BY REQUESTER

(Optional, for the sole purpose of facilitating access to the data)

REQUESTER NAME (Last, First , MI):	DATE OF REQUEST:
	REQUEST TYPE: <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

Note: You may be required to pay the actual costs of making and/or compiling the copies of information requested.

B. COMPLETED BY DEPARTMENT

REQUEST HANDLED BY:	DEPARTMENT:
METHOD OF RESPONSE:	INFORMATION CLASSIFIED AS:
ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (EXPLAIN BELOW) <input type="checkbox"/> DENIED (EXPLAIN BELOW)	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> COMPARE SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER	

C. COMPLETE WHEN FEES ARE ASSESSED

PHOTOCOPYING CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> _____ x 0.25 = _____ <small>(# OF PAGES)</small>	FEES: (Complete Cost Calculation)	
AUTHORIZED SIGNATURE:		
TOTAL AMOUNT DUE: \$	RECEIVED BY:	DATE:

Make check/money order payable to: City of St. Anthony Village.

If mailed, return form and payment to: CITY OF ST. ANTHONY VILLAGE, 3301 SILVER LAKE ROAD, ST. ANTHONY, MN 55418