

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:	
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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