

CITY OF CROSSLAKE
Minnesota Government Data Practices Act

DATA REQUEST

A. Completed by Requester (Please Print)

Name (Last, First, MI)	Date of Request
Street Address	Phone Number
City, State, Zip	
Signature	Date
Detailed description of the information requested: (Include complete addresses, names and dates wherever possible. Attach additional sheets if necessary.)	

B. Completed by the City of Crosslake

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 <input type="checkbox"/> Copyrighted			
Action:			
<input type="checkbox"/> Approved <input type="checkbox"/> Approved in Part (Explain Below) <input type="checkbox"/> Denied (Explain Below)			
Remarks or basis for denial including MN Statute if applicable:			
Charges: <input type="checkbox"/> None <input type="checkbox"/> Photocopy # Pages _____ X _____ cents = _____ <input type="checkbox"/> Special Rate: _____ Explanation: _____		Identity Verified for Private Information: <input type="checkbox"/> Identification: Driver's License, State I.D., etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other _____	
Responsible Authority Authorized Signature:		Date	