

DATA REQUEST FORM



A. To be Completed by the Requestor

Requester Name (Last, First, M.):	Phone Number:
Mailing Address & City, State, Zip:	Email Address:
Signature:	Date of Request:
<p>I am requesting access to data in the following manner:</p> <p><input type="checkbox"/> Inspect the requested data (<i>no charge</i>)</p> <p><input type="checkbox"/> Receive paper copies of the requested data (<i>refer to fee schedule</i>)</p> <p><input type="checkbox"/> Electronic or digital format (<i>refer to fee schedule</i>)</p>	
<p>MS § 13.05, Subd. 12. Identification or justification. <i>Unless specifically authorized by statute, government entities may not require persons to identify themselves, state a reason for, or justify a request to gain access to public government data. A person may be asked to provide certain identifying or clarifying information for the sole purpose of facilitating access to the data.</i></p>	
<p>Description of the Information Requested:</p>	

B. To be completed by the City of Wabasha

Department Name:	
Request Processed By:	Date Request Received:
Method of response: <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Other	
Information is Classified as: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Protected Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Confidential	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved in Part (<i>explain below</i>) <input type="checkbox"/> Denied (<i>explain below</i>)
Remarks or basis for denial including statute section:	
Charges if applicable (<i>refer to the fee schedule</i>) <input type="checkbox"/> None <input type="checkbox"/> _____ Number of Pages <input type="checkbox"/> _____ Employee Time/Hour <input type="checkbox"/> _____ Other Charges <input type="checkbox"/> _____ Special Rate (<i>attach explanation</i>) TOTAL CHARGES: \$ _____	Identify Verified for Private Information: <input type="checkbox"/> Identification: Driver's License, State ID, Passport, etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other (<i>described below</i>) _____ _____
<i>For Office Use Only</i>	
Date Paid:	Amount Paid:
Receipt No.:	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card
Authorized Signature:	Notes: _____