

**CITY OF SAVAGE
INFORMATION DISCLOSURE REQUEST
MINNESOTA GOVERNMENT DATA PRACTICES 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"/> 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, certifying and/or compiling the copies of information requested.
Private Data on Individuals: After you have been shown the data and informed of its meaning, the data need not be disclosed to you for six month thereafter unless a dispute or action is pending or additional data on you has been collected.

B. COMPLETED BY DEPARTMENT

DEPARTMENT NAME:	REQUEST HANDLED BY:
METHOD OF RESPONSE: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> PROTECTED NON-PUBLIC
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 = (# OF PAGES)	FEES: (Complete Cost Calculation)
TOTAL AMOUNT DUE: \$	RECEIVED BY: DATE:
AUTHORIZED SIGNATURE:	

Make check /money order payable to: City of Savage, 6000 McColl Drive, Savage, MN 55378