CITY OF LA CRESCENT DATA DISCLOSURE REQUEST & COST CALCULATION FORM

Fees charged are in accordance with MN Statutes Section 13.03 (3).

A. COMPLETED BY REQUESTER

You are being asked to supply the following information that may be private or confidential data about yourself. The data will be used by this department and those employees whose job reasonably requires access to the data to determine if you have the right to access the requested data. The contact information will be used to let you know when the requested data are available. Refusal to supply the information may result in a delay of the availability of the requested data. If you refuse to supply the information then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. COMPLETED BY DEPARTMENT

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: ☐ PUBLIC ☐ NON-PUBLIC ☐ PRIVATE ☐ PROTECTED NON-PUBLIC ☐ CONFIDENTIAL	ACTION: ☐ APPROVED ☐ APPROVED IN PART (explain below) ☐ DENIED (explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
ESTIMATED CHARGE FOR THIS SERVICE: ☐ NONE ☐ Copies B&W _____ Pages x _____ Rate_____ * Copies Color _____ Pages x _____ Rate_____ * ☐ Staff Time _____ hrs. x _____ Rate = _____ Staff Time _____ hrs. x _____ Rate= _____ ☐ Postage, Mailing _____ = _____ *Tax (7.875%) = _____ TOTAL DUE _____	IDENTITY VERIFIED FOR PRIVATE INFORMATION: ☐ IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. ☐ COMPARISON WITH SIGNATURE ON FILE ☐ PERSONAL KNOWLEDGE ☐ OTHER: _____
AUTHORIZED SIGNATURE: _____	DATE: _____