

City of Circle Pines
Information Disclosure Request
Minnesota Government Data Practices Act

A. Requester Complete

Date of Request		Requester Note: A. Request Frequency-Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected. B. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.
Requester Name (Print)		
Address		
	Phone	
Send To Email: _____ By Mail: _____		
Description of the information requested		
Signature X		

B. City Completes

Request handled by	Request <div style="text-align: center;">Approved Denied</div>
Request Type In-person Email Mail	Authorized Signature
The Information Requested is Classified Public Non-Public Private Protected Non-Public Confidential	
Remarks/Comments	

C. City Completes Fees Assessed (A receipted copy of this form is to be provided to the requester each time money is received.)

Fees: Flat Rate _____ x _____ (no of pages)	Fees Special Rate \$ _____
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I have received from the above named, the amount indicated opposite my signature in payment for providing the information requested.			
Estimated Amount Due	\$ _____	Received by	Today's Date
Amount to be prepaid	\$ _____	Received by	Today's Date
Actual Amount	\$ _____	Received by	Today's Date
Balance Due	\$ _____	Received by	Today's Date

D. Requester please note items checked

1. Make check/money order payable to: City of Circle Pines
2. If mailed, return entire form and fees to: City of Circle Pines

200 Civic Heights Circle
 Circle Pines, MN 55014
 cityhall@ci.circle-pines.mn.us