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

A. Requester Complete

Date of Request	
Requester Name (Print)	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.
Address	
Phone	
Send To Email: _____ Fax #: _____ By Mail: _____	
Description of the information requested	
Signature X	

B. City Completes

Request handled by	Request ☐ Approved ☐ Denied
Request Type ☐ In-person ☐ Email ☐ Mail ☐ Fax	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 $ _____

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