

A. REQUESTER COMPLETE (Items 1-5)

**CITY OF NEW PRAGUE
INFORMATION DISCLOSURE REQUEST
Minnesota Governmental Data Practices Act**

DATE OF REQUEST

1. REQUESTER NAME (Last, First, M.)	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 for 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
2. ADDRESS (if needed)	
3. PHONE (if needed)	
4. DESCRIPTION OF THE INFORMATION REQUESTED	
5. REQUESTER SIGNATURE X	

B. DEPARTMENT/DIVISION COMPLETE

6. DEPARTMENT/DIVISION NAME	7. REQUEST HANDLED BY
8. REQUEST TYPE <input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> Phone	9. REQUESTED BY: <input type="checkbox"/> Subj. of the data <input type="checkbox"/> Not the subj. of the data
10. THE INFORMATION REQUESTED IS CLASSIFIED: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	11. REQUEST <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in part (explain in 13)
12. AUTHORIZED SIGNATURE X	
13. REMARKS/COMMENTS (If requested data is classified so as to deny access to the requester cite authority or reason. Also enter any other remarks/comments appropriate).	

C. DEPARTMENT/DIVISION COMPLETE WHEN FEES ARE ASSESSED (A receipted copy of this form is to be provided to the requester each time money is received).

14. <input type="checkbox"/> FEES: FLAT RATE _____ x _____ (NO. OF PAGES)	15. <input type="checkbox"/> FEES: SPECIAL RATE (Complete when other than the FLAT RATE or STANDARD FEE SCHEDULE is used.)		
I have received from the above named, the amount indicated opposite my signature in payment for providing the information requested.			
16. TOTAL AMOUNT DUE	\$	RECEIVED BY	TODAY'S DATE
17A. AMOUNT TO BE PREPAID (50% of est. total if over \$50.00)	\$	RECEIVED BY	TODAY'S DATE
17B. BALANCE DUE (Upon completion of copying)	\$	RECEIVED BY	TODAY'S DATE

D. REQUESTER PLEASE NOTE ITEMS CHECKED

- Make check/money order payable to: _____
- If mailed, return entire form and any fees to:

