



**Box 263**  
**Audubon, Minnesota 56511**  
**INFORMATION DISCLOSURE REQUEST**  
**Minnesota Government Data Practices Act**

**A. COMPLETED BY REQUESTER**

How would you like to receive the requested data:

- Pick up   
  Electronic Transmission   
  Postal mail   
  View in person

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

DESCRIPTION OF THE INFORMATION NEEDED:

Please allow up to 10 days to complete your request.

**B. COMPLETED BY DEPARTMENT**

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <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)

REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

<p style="text-align: center;"><b>SEARCH &amp; RETREIVAL CHARGES DUE BEFORE DATA WILL BE RELEASED</b></p> <input type="checkbox"/> NONE <input type="checkbox"/> _____ Hours x _____ = _____ <input type="checkbox"/> _____ Photocopy Pages x _____ = _____ <input type="checkbox"/> Special Rate: _____ (explanation) <input type="checkbox"/> Mailing charges _____ <b>TOTOAL FEES:</b> _____	IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
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AUTHORIZED SIGNATURE:	DATE: