City of Lake St. Croix Beach

REQUEST FOR INFORMATION

Minnesota Government Data Practices Act

A. Completed by Requester

REQUESTER NAME (Optional for the sole Purpose of providing data to requestor):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP:	SIGNATURE:

DESCRIPTION OF THE INFORMATION REQUESTED:

_____

_____

_____

_____

_____

B. Completed by Department

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: ___ PUBLIC ___ PRIVATE ___ CONFIDENTIAL ___ NON-PUBLIC ___ PROTECTED NON-PUBLIC	ACTION: ___ APPROVED ___ APPROVED IN PART (Explain below) ___ DENIED (Explain below)

REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

PROTOCOPYING CHARGES: ___ NONE ___ _____Pages @ $0.10 = _____ ___ Special Rate: _____ (Attach explanation)	IDENTITY VERIFIED FOR PRIVATE INFORMATION ___ IDENTIFICATION: DRIVER'S LICENSE, ST. I.D., Etc. ___ COMPARISON WITH SIGNATURE ON FILE ___ PERSONAL KNOWLEDGE ___ OTHER: _____

AUTHORIZED SIGNATURE: