

Data Request Form – General Government
Minnesota Government Data Practices

City of Alexandria | 704 Broadway | Alexandria MN | 56308
Ph: 320.759.6678 | Fax: 320.763.3511 | www.ci.alexandria.mn.us

A. COMPLETED BY REQUESTER

REQUESTER NAME (Last, First, MI):		DATE OF REQUEST:
STREET ADDRESS:	CITY/STATE/ZIP CODE:	FAX NUMBER:
PHONE NUMBER:	EMAIL ADDRESS:	
DESCRIPTION OF INFORMATION REQUESTED (BE SPECIFIC):		
IM AM REQUESTING ACCESS TO DATA IN THE FOLLOWING WAY (CHECK ALL THAT APPLY): <i>Note: Data will be sent to information provided above unless otherwise indicated</i> <input type="checkbox"/> Inspect Copies at City Hall <input type="checkbox"/> Paper Copies (To Pick Up) <input type="checkbox"/> Paper Copies (To Be Mailed) <input type="checkbox"/> Fax Copies <input type="checkbox"/> Email Copies <input type="checkbox"/> Other Format, describe: _____		
SIGNATURE OF REQUESTOR:		

***Data Privacy Advisory:** This information is for the purpose of facilitating access to the data. Once the request has been completed, this form will constitute a public record. The purpose and intended use of this information is to process your request, contact you if additional information is needed and, when requesting private or confidential data on individuals, to determine authority to access the data.*

B. COMPLETED BY DATA PRACTICE OFFICIAL

DEPARTMENT NAME:	REQUEST HANDLED BY:
METHOD OF RESPONSE: <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Fax	INFORMATION CLASSIFIED AS: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Public <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)	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> Identification <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other _____	
AUTHORIZED SIGNATURE:	DATE COMPLETED:
FEES: <input type="checkbox"/> None <input type="checkbox"/> _____ x \$0.25 = \$ _____ <input type="checkbox"/> Employee Time x \$ _____ = \$ _____ <input type="checkbox"/> Postage \$ _____ <input type="checkbox"/> Other \$ _____ <small>(# of pages) (# of hours) x (hourly rate)</small>	
TOTAL AMOUNT DUE:	PAYMENT TYPE / DATE RECIEVED: