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.**AlexandriaMN.city**

A. COMPLETED BY REQUESTER			
REQUESTER NAME (Last, First, MI):			DATE OF REQUEST:
STREET ADDRESS:	CITY/STATE/ZIP COI	DE:	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):			
Note: Data will be sent to information provided above unless otherwise indicated			
☐ Inspect Copies at City Hall ☐ Paper Copies (To Pick Up)	□ Paper Copies (T	o Be Mailed) ☐ Fax (Copies
☐ Other Format, describe:			
SIGNATURE OF REQUESTOR:			
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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 HANDLEI	D BY:
METHOD OF RESPONSE:	INFORMATION CL	I ASSIFIED AS:	
☐ In-Person ☐ Phone ☐ Email ☐ Mail ☐ Fax	x ☐ Public ☐ Private	□ Non-Public □ Confide	ential Protected, Non-Public
ACTION: Approved Approved In Part (Explain Below) Denied (Explain Below)			
2. pp. 5150 = 1. pp. 5150 m. (2. plain 2500)			
IDENTITY VEDICIED FOR ROWATE INFORMATION			
IDENTITY VERIFIED FOR PRIVATE INFORMATION: □ Identification □ Personal Knowledge □ Other			
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AUTHORIZED SIGNATURE:		DATE COMPLETED:	
FEES:			
□ None □ x \$0.25 = \$ □ Employee Time x \$_	= \$	□ Postage\$	Other \$
(# of pages) (# of hours) x (hourly rate)			
TOTAL AMOUNT DUE:	PAYMENT TYPE / DA	ATE RECIEVED:	