



**INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

A. Completed by Requester

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:		
STREET ADDRESS:	PHONE NUMBER:		
CITY, STATE, ZIP CODE:	SIGNATURE:		
Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form:			
I AM REQUESTING ACCES TO THE DATA IN THE FOLLOWING MANNER:			
<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other </td> <td style="width:50%; border:none;"> <input type="checkbox"/> Both inspection and copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other </td> </tr> </table>		<input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Both inspection and copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other
<input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Both inspection and copies <input type="checkbox"/> Paper <input type="checkbox"/> Pick up <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other		

B. Completed by the City of Victoria

INFORMATION CLASSIFIED AS:	ACTION:
<input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (explain below) <input type="checkbox"/> DENIED (explain below)
CITY CLERK REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
MINNESOTA CLASSIFICATION CODE:	
COPYING CHARGES/ASSOCIATED COSTS:	IDENTITY VERIFIED FOR PRIVATE INFORMATION:
<input type="checkbox"/> NONE <input type="checkbox"/> DEPOSIT \$ _____ <input type="checkbox"/> Pages x _____ = _____ <input type="checkbox"/> Actual Cost: _____	<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: _____
CITY CLERK SIGNATURE:	DATE:
DEPARTMENT SIGNATURE:	DEPARTMENT REMARKS:
DATE:	

Make check/money order payable to: City of Victoria. If mailed, return form: City of Victoria, Attn: City Clerk, City of Victoria, 1670 Stieger Lake Lane, PO Box 36, Victoria, MN 55386, or email form to cpatnode@ci.victoria.mn.us

The City cannot require you, as a member of the public, to identify yourself or explain the reason for your data request. However, depending on how you want us to process your request (if, for example, you want us to mail you copies of data), we may need some information about you. If you choose not to give us any identifying information, we will provide you with contact information so you may check on the status of your request. In addition, please keep in mind that if we do not understand your request and have no way to contact you, we will not be able to process your request.