



**CITY OF COON RAPIDS  
INFORMATION DISCLOSURE REQUEST**

**Minnesota Government Data Practices Act MS §13**

**Completed by Requester: (\*=Optional)**

* Requester Name (Last, First, MI):	Date of Request:
* Street Address:	* Phone Number:
* City, State, ZIP:	* Signature:
Description of the information requested: (attach additional sheets if necessary)	

**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"/> Protected Non-Public <input type="checkbox"/> Confidential	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:	
Charges: <input type="checkbox"/> None <input type="checkbox"/> Photocopy: _____ Pages x _____ cents = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation) <input type="checkbox"/> Other: _____ (attach explanation)	Identity verified for private information: <input type="checkbox"/> Identification: driver's license, state ID, etc. <input type="checkbox"/> Comparison with signature on file <input type="checkbox"/> Personal knowledge <input type="checkbox"/> Other: _____
Authorized Signature:	Date:

**RETURN FORM TO CITY CLERK**