Public Data Request Form

Submit to:

City Administrator - City of Chisago City
10625 Railroad Avenue, P.O. Box 611
Chisago City, MN 55013

A. To be Completed by Requester

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Fax Number:
City, State, Zip Code:	Email Address:
Signature:	Date of Request:

Note: According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.

Detailed description of the Information Requested: ☐ Review Data ☐ Copy Data ☐ Review and Copy Data

B. To be Completed by City Department

Department Name:	Handled by:
Information Classified as: ☐ Public ☐ Non-Public ☐ Private ☐ Protected Non-Public ☐ Confidential	Action: ☐ Approved ☐ Approved in Part (Explain below) ☐ Denied (Explain below)

Remarks or basis for denial including statute section:

Note: According to MS § 13.03, subd. 3, authorizes us to charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. Prepayment is required prior to receiving copies of data. We do not charge for inspection of data or for separating not public data from public data.

Copy Charges: ☐ _____ Pages x .25¢ per Black/White Pages = _____ ☐ Employee Time (current rate established by fee schedule) (only charge if over 100 pages) _____Hours = _____ ☐ Other Charges = _____ ☐ Special Rate: _____ (attach explanation) = _____ **Total Charges:** $_____	Identity Verified for Private Information: ☐ Identification: Driver's License, State Id, Etc. ☐ Comparison with Signature on File ☐ Personal Knowledge ☐ Other: _____

Authorized Signature: _____ Date: _____

Effective 1/1/07