



DATA REQUEST FORM

Minnesota Government Data Practices Act

City of Marshall | 344 West Main Street | Marshall MN 56258 | 507-537-6760 | www.ci.marshall.mn.us

A. COMPLETED BY REQUESTOR

REQUESTOR NAME (Last, First, MI):	DATE OF REQUEST:
	PHONE NUMBER:
STREET ADDRESS / APT#	
CITY, STATE, ZIP CODE	EMAIL ADDRESS:
DESCRIPTION OF INFORMATION REQUESTED (PLEASE BE SPECIFIC--USE ADDITIONAL SHEET IF NEEDED)	
I AM REQUESTING ACCESS TO DATA IN THE FOLLOWING WAY (CHECK ALL THAT APPLY):	
<input type="checkbox"/> INSPECT COPIES <input type="checkbox"/> EMAIL COPIES <input type="checkbox"/> PAPER COPIES (TO BE PICKED UP) <input type="checkbox"/> PAPER COPIES (TO BE MAILED)	
Note: You may be required to pay the actual cost of making and/or compiling the copies of information requested.	
SIGNATURE:	

DATA PRIVACY ADVISORY: This information is not legally required but used for the sole 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.

If mailed, return form and payment to: **City of Marshall, Attn: City Clerk, 344 West Main Street, Marshall, MN 56258**
Or email form to: Datarequest@ci.marshall.mn.us

B. COMPLETED BY CITY DEPARTMENT

DATE REQUEST RECEIVED:	REQUEST HANDLED BY (NAME/TITLE):
METHOD OF RESPONSE: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL	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 _____	
RESPONSE PROVIDED BY (NAME/TITLE):	COMPLETION DATE:

C. COMPLETED WHEN FEES ARE ASSESSED

CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> POSTAGE (IF MAILED) \$ _____ <input type="checkbox"/> Other \$ _____		
<input type="checkbox"/> PAGES _____ x \$0.25 = \$ _____ <input type="checkbox"/> EMPLOYEE TIME _____ x \$ _____ = \$ _____		
(# OF PAGES) (# OF HOURS) x (HOURLY RATE)		
TOTAL AMOUNT DUE:	FEE RECEIVED BY (NAME/TITLE):	DATE:
\$ _____		

Make check/money order payable to: CITY OF MARSHALL

Questions? 507-537-6763