

**CITY OF WORTHINGTON
INFORMATION DISCLOSURE REQUEST
MINNESOTA GOVERNMENT DATA PRACTICES ACT**



A. COMPLETED BY REQUESTER

(Optional, for the sole purpose of facilitating access to the data)

REQUESTER NAME (Last, First, MI):	DATE OF REQUEST:
	REQUEST TYPE: → IN-PERSON → PHONE → MAIL
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

NOTE: You may be required to pay the actual costs of making and/or compiling the copies of information requested.

B. COMPLETED BY DEPARTMENT

DEPARTMENT NAME:	REQUEST HANDLED BY:
METHOD OF RESPONSE: → IN-PERSON → PHONE → MAIL → FAX	INFORMATION CLASSIFIED AS: → PUBLIC → PRIVATE → NON-PUBLIC → CONFIDENTIAL → PROTECTED NON-PUBLIC
ACTION: → APPROVED → APPROVED IN PART (Explain below) → DENIED (Explain below)	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: → IDENTIFICATION → COMPARE SIGNATURE ON FILE → PERSONAL KNOWLEDGE → OTHER	

C. COMPLETE WHEN FEES ARE ASSESSED

PHOTOCOPYING CHARGES: → NONE → _____ X 0.25 = _____ (# OF PAGES)	FEES: (Complete Cost Calculation)	
TOTAL AMOUNT DUE: \$	RECEIVED BY:	DATE:
AUTHORIZED SIGNATURE:		

Make check /money order payable to: **City of Worthington**

If mailed, return form and payment to: **CITY OF WORTHINGTON, 303 9th St, PO Box 279, Worthington MN 56187**