

# Data Request Form

Submit to:

City of Austin  
500 4th Avenue NE  
Austin, MN 55912

Or via email to:

annk@ci.austin.mn.us

## 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:
<i>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.</i>	
Description of the Information Requested:	

## B. To be Completed by City 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:	
<i>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.</i>	
Copy Charges: <input type="checkbox"/> <input type="checkbox"/> Over 10 pages - _____ Pages x .25¢ per page      = _____ <input type="checkbox"/> Over 100 pages (electronic or paper) or over 1.5 hours for search and retrieval Employee Time _____ Hours                      = _____ <input type="checkbox"/> Other Charges - Color Copies .50¢ per page              = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation)      = _____ <b>Total Charges: \$ _____</b>	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: _____	