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:

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.

Description of the Information Requested:

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: ☐ ☐ Over 10 pages - _____ Pages x .25¢ per page = _____ ☐ Over 100 pages (electronic or paper) or over 1.5 hours for search and retrieval Employee Time _____ Hours = _____ ☐ Other Charges - Color Copies .50¢ per page = _____ ☐ 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: _____