

**CITY OF WATSON**  
**INFORMATION DISCLOSURE REQUEST**  
**Minnesota Government Data Practices Act**

**A. Completed by Requester**

REQUESTER NAME (Last, First, MI):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
DETAILED DESCRIPTION OF THE INFORMATION REQUESTED: (attach additional sheets if necessary)	

**B. Completed by 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:	
CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> Photocopy: _____ Pages x _____ cents = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation) <input type="checkbox"/> Other: _____ (attach explanation) <input type="checkbox"/> Preparation Costs: _____ <input type="checkbox"/> Total: _____	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: _____	

**C. Acknowledgement by Requester**

*I hereby acknowledge receipt of data requested:*

\_\_\_\_\_  
*Signature of Requester*

\_\_\_\_\_  
*Date*