

For Office Use only

Check number: _____

Receipt number: _____



BALDWIN TOWNSHIP

30239 - 128th Street NW, Baldwin Township, MN 55371

Phone: 763-389-8931 Fax: 763-389-2751

INFORMATION REQUEST FORM

Persons requesting photocopies of public information from the Town must complete this form, return it to the Clerk/Treasurer and pay the applicable fees as indicated below.

Requester's Name: _____ Date of Request: _____

Requester's Address: _____

Requester's Email Address: _____ Phone #: _____

Please describe the information you are requesting: _____

Signature: _____

For Town Use Only

This request is: Approved, Approved in Part, Denied. Reason(s) for a partial approval or a denial: _____

Public Data? YES NO **Method:** Electronic Paper Viewing **Filled?** YES NO

Payment method and date: _____

Fees applicable to the request:

			Estimated Cost	Actual Cost
Labor	_____ x \$ _____			
	# of hours Hourly rate			
Photocopying	_____ x \$ _____			
	Rate Hourly rate			
Mailing	_____			
Other Costs	_____			
	Totals:		_____*	_____

Difference: _____ [] To be paid by requester
[] To be refunded by Town

*If the total estimated cost exceeds \$30.00, the requester must pay the entire estimated amount before the Town will undertake the request. If the actual cost is less than the estimated cost, the Town will refund the difference at the time the copies are made available to the requester. If the actual cost is more than the estimated cost, the requester must pay the additional amount before receiving the copies.