

Data Request Form

107 2nd Street SW P.O. Box 307 Twin Valley, MN 56584-0307 Office 218.584.5254 Fax 218.584.5723 www.TwinValley.govoffice.com

To be Completed by Requester

Requester Name (Last, First, M.)	Phone Number
Street Address	Fax Number
City, State, Zip	E-mail 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	

To be Completed by City Department

Department Name	Handled by
Information Classified as:	Action:
Public Non-Public	□ Approved
Private Protected Non-P	
	Denied (Explain below)
Remarks or basis for denial including statue section	
Remarks of basis for demainmenduring statue section	
Note: According to MS § 13.03, subd. 3, the City has the authority 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	Identity Verified for Private Information:
Pages x .25¢ per B/W Pages \$	□ Identification: Driver's License, State ID, etc.
□ Pages x .50¢ per Poster Sized Pages \$	Comparison with Signature on File
Employee Time (\$ per hour) X Hours \$	Personal Knowledge
Other Charges:	□ Other:
□ Special Rate	
. Total Charges \$	Method of Request:
	In Person Standard Mail
	🗆 E-mail 🛛 🖓 Fax
	□ Other □
	1
Authorized Signature	Date