



INFORMATION DISCLOSURE REQUEST

Minnesota Government Data Practices Act

A. COMPLETED BY REQUESTER

REQUESTER NAME (LAST, FIRST, M):	DATE OF REQUEST:
STREET ADDRESS:	PREFERRED METHOD OF CONTACT: <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX
CITY, STATE, ZIP CODE:	PHONE NUMBER:
SIGNATURE:	FAX NUMBER:
EMAIL:	
<i>Note: Grand Rapids Public Utilities cannot require you, as a member of the public, to identify yourself or explain the reason for your data request. However, depending on how you want us to process your request, we may need some information about you. Please keep in mind that if we do not understand your request and have no way to contact you, we will not be able to begin processing your request.</i>	
DESCRIPTION OF THE INFORMATION REQUESTED - please describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form or attach additional sheets:	

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 – include statute)
REMARKS OR BASIS FOR DENIAL, INCLUDING STATE STATUTE:	
<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"/> None <input type="checkbox"/> _____ Pages (per side) = \$ _____ <input type="checkbox"/> Employee Time (only charge if over 100 pg) = \$ _____ <input type="checkbox"/> Other Charges: _____ = \$ _____ <input type="checkbox"/> Special Rate: (attach explanation) = \$ _____ <div style="text-align: right;">Total Charges: \$ _____</div>	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: