Data Request Form

Submit to:
City of Winona
207 Lafayette Street, P.O. Box 378
Winona, MN 55987

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: ☐ None (10 pages or less) ☐ _____ Pages x .20¢ per Black/White Pages = _____ ☐ _____ Pages x. 25¢ per Colored Pages = _____ ☐ Employee Time ($20.00 per hour) _____Hours = _____ (only charge if over 100 pages) ☐ Other Charges = _____ **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: _____

Effective 1/1/14