

REQUEST FOR INFORMATION

CITY OF ELY

Minnesota Data Practices Act

A. Party requesting information

REQUESTER NAME:	DATE AND TIME OF REQUEST:
ADDRESS:	PHONE NUMBER(S):
CITY, STATE, ZIP	SIGNATURE:
DESCRIPTION OF INFORMATION REQUESTED (PLEASE BE SPECIFIC):	

B. Completed by Department

Department Name:	Handled by:
Information Classification:	Actions:
Remarks or Basis for Denial (include Statute Section):	
Photocopying Charges:	Identity Verified for Private Information:
Authorized Signature:	Date and Time: