



Information Disclosure Request Minnesota Government Data Practices Act

City of Richfield | 6700 Portland Avenue S | Richfield, MN 55423 | 612-861-9700 | www.cityofrichfield.org

A. COMPLETED BY REQUESTER

(Optional, for the sole purpose of facilitating access to the data)

REQUESTER NAME (Last, First, MI):	DATE OF REQUEST:
	REQUEST TYPE: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL
STREET ADDRESS	PHONE NUMBER:
CITY, STATE, ZIP CODE	SIGNATURE:
DESCRIPTION OF INFORMATION REQUESTED:	

Note: You may be required to pay the actual cost of making and/or compiling the copies of information requested.

B. COMPLETED BY DEPARTMENT

DEPARTMENT NAME:	REQUEST HANDLED BY:
METHOD OF RESPONSE: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL <input type="checkbox"/> PROTECTED NON-PUBLIC
ACTION: <input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED IN PART (Explain Below) <input type="checkbox"/> DENIED (Explain Below)
IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> COMPARE SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER	

C. COMPLETED WHEN FEES ARE ASSESSED

PHOTOCOPYING CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> _____ x 0.25 = _____ (# OF PAGES)	FEES: (Complete Cost Calculation)
TOTAL AMOUNT DUE: \$	RECEIVED BY: DATE:
AUTHORIZED SIGNATURE:	

Make check/money order payable to: City of Richfield

If mailed, return form and payment to:

City of Richfield, Attn: City Clerk, 6700 Portland Ave S, Richfield, MN 55423 QUESTIONS? 612-861-9700