

CITY OF BEMIDJI DATA DISCLOSURE REQUEST & COST CALCULATION FORM

Fees charged are in accordance with MN Statutes Section 13.03 (3).

A. COMPLETED BY REQUESTER

You are being asked to supply the following information that may be private or confidential data about yourself. The data will be used by this department and those employees whose job reasonably requires access to the data to determine if you have the right to access the requested data. The contact information will be used to let you know when the requested data are available. Refusal to supply the information may result in a delay of the availability of the requested data. If you refuse to supply the information then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	EMAIL:
I AM REQUESTING ACCESS TO DATA IN THE FOLLOWING WAY: <input type="checkbox"/> COPIES <input type="checkbox"/> INSPECTION <input type="checkbox"/> INSPECTION AND COPIES	
I WOULD LIKE TO RECEIVE THE DATA REQUESTED BY THE FOLLOWING: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> PICK UP IN PERSON	
PLEASE DESCRIBE THE DATA YOU ARE REQUESTING AS SPECIFICALLY AS POSSIBLE. IF YOU NEED MORE SPACE, ATTACH ADDITIONAL PAGE(S):	
SUBMIT COMPLETED DATA REQUEST FORM EITHER IN PERSON OR BY MAIL TO CITY HALL, 317 4 TH STREET NW, BEMIDJI, MN 56601 OR VIA EMAIL AT CITYCLERK@CI.BEMIDJI.MN.US . QUESTIONS CAN BE DIRECTED TO 218-759-3570	

City of Bemidji will respond to your request as soon as reasonably possible.

B. COMPLETED BY DEPARTMENT

DEPARTMENT:	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 below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
ESTIMATED CHARGE FOR THIS SERVICE: <input type="checkbox"/> NONE <input type="checkbox"/> Copies B&W ___ Pages x ___ Rate _____ * Copies Color ___ Pages x ___ Rate _____ * <input type="checkbox"/> Staff Time ___ hrs. x ___ Rate = _____ Staff Time ___ hrs. x ___ Rate = _____ <input type="checkbox"/> Postage, Mailing _____ = _____ *Tax (7.875%) = _____ TOTAL DUE \$ _____	IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
DATE RECEIVED: _____ DATE OF CLARIFICATION: _____	
DATE RESPONDED: _____	