



**INFORMATION DISCLOSURE REQUEST  
Minnesota Government Data Practices Act**

**A. Completed by Requester**

|                                                                                                                                                                                                                                                                                                                                                                          |                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>REQUESTER NAME (Last, First, M.):</b>                                                                                                                                                                                                                                                                                                                                 | <b>DATE OF REQUEST:</b> |
| <b>STREET ADDRESS:</b>                                                                                                                                                                                                                                                                                                                                                   | <b>PHONE NUMBER:</b>    |
| <b>CITY, STATE, ZIP CODE:</b>                                                                                                                                                                                                                                                                                                                                            | <b>SIGNATURE:</b>       |
| <b>EMAIL:</b>                                                                                                                                                                                                                                                                                                                                                            |                         |
| <b>Describe the data you are requesting as specifically as possible. If you need more space, please use the back of this form:</b>                                                                                                                                                                                                                                       |                         |
| <b>I AM REQUESTING ACCESS TO THE DATA IN THE FOLLOWING MANNER:</b>                                                                                                                                                                                                                                                                                                       |                         |
| <input type="checkbox"/> INSPECTION <input type="checkbox"/> PAPER COPIES <input type="checkbox"/> DIGITAL <input type="checkbox"/> USB DRIVE (\$5.00)                                                                                                                                                                                                                   |                         |
| <b>HOW DO YOU WISH TO RECEIVE REQUEST:</b>                                                                                                                                                                                                                                                                                                                               |                         |
| <input type="checkbox"/> PICK UP <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> OTHER _____                                                                                                                                                                                                                                       |                         |
| <b>Note:</b> Inspection is free, but Per Minn, Stat §13.03, The City charges for paper copies when the cost is over \$5.00 or if the requestor requests documents that are in paper form to be scanned and emailed at a rate of 25 cents per page if 100 pages or less. If more than 100 pages, you will be charged actual cost including time searching and retrieving. |                         |

**B. Completed by the City of Isanti:**

|                                                                                                                                                                                                |                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>INFORMATION CLASSIFIED AS:</b>                                                                                                                                                              | <b>ACTION:</b>                                                                                                                                                                                                                    |
| <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC<br><input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC<br><input type="checkbox"/> CONFIDENTIAL | <input type="checkbox"/> APPROVED<br><input type="checkbox"/> APPROVED IN PART (explain below)<br><input type="checkbox"/> DENIED (explain below)                                                                                 |
| <b>CITY CLERK REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:</b>                                                                                                                       |                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                          |                                                                                                                                                                                                                                   |
| <b>MINNESOTA CLASSIFICATION CODE:</b>                                                                                                                                                          |                                                                                                                                                                                                                                   |
| _____                                                                                                                                                                                          |                                                                                                                                                                                                                                   |
| <b>CHARGES/ASSOCIATED COSTS:</b>                                                                                                                                                               | <b>IDENTITY VERIFIED FOR PRIVATE INFORMATION:</b>                                                                                                                                                                                 |
| <input type="checkbox"/> NONE <input type="checkbox"/> DEPOSIT \$ _____<br><input type="checkbox"/> _____ Pages x _____ = _____<br><input type="checkbox"/> Actual Cost: _____                 | <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc.<br><input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE<br><input type="checkbox"/> PERSONAL KNOWLEDGE<br><input type="checkbox"/> OTHER: _____ |
| <b>CITY CLERK SIGNATURE:</b>                                                                                                                                                                   | <b>DATE:</b>                                                                                                                                                                                                                      |
| _____                                                                                                                                                                                          | _____                                                                                                                                                                                                                             |
| <b>DEPARTMENT SIGNATURE:</b>                                                                                                                                                                   | <b>DEPARTMENT REMARKS:</b>                                                                                                                                                                                                        |
| _____ <b>DATE:</b> _____                                                                                                                                                                       | _____                                                                                                                                                                                                                             |

Make check/money order payable to: City of Isanti

If mailed, return form: City of Isanti, Attn: City Clerk, 110 1<sup>st</sup> Ave NW, PO Box 428, Isanti, MN 55386, or email form to [JStrand@cityofisanti.us](mailto:JStrand@cityofisanti.us)

**The City 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 (if, for example, you want us to mail you copies of data), we may need some information about you. If you choose not to give us any identifying information, we will provide you with contact information so you may check on the status of your request. In addition, 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 process your request.**

**To request data as a subject, you must show a valid state ID, such as a driver's license, military ID, or passport, as proof of identity.**