



INFORMATION DISCLOSURE REQUEST

For Compliance with the Minnesota Government Data Practices Act (MGDPA)

A. TO BE COMPLETED BY THE REQUESTOR:

| | | |
|--|--|------------------------------|
| *Requestor's Name | | Date of Request |
| *Requestor's Address | | *Requestor's Phone Number(s) |
| *Requestor's Signature <i>(if required for data that is Not Public)</i> | * NOTE: Identifying information is not required for disclosure of public information, but may be collected if necessary to fulfill the request. **Per MS 201.091, Subd. 4 (Registered Voter Lists): Requestor shall provide identification and shall state in writing that any information obtained from the list will not be used for purposes unrelated to elections, political activities, or law enforcement. | |
| Description of the Information Requested: | | |

B. TO BE COMPLETED BY THE DEPARTMENT or DIVISION: County Issued ID # if no name is submitted: _____

| | |
|--|---|
| Department / Division Name | Request Handled by: |
| Request Type: <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Fax | Requestor is: <input type="checkbox"/> the Subject of the Data <input type="checkbox"/> Not the Subject of the Data <input type="checkbox"/> N/A |
| The Information Requested is Classified as and Shall Retain the Classification of: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Public <input type="checkbox"/> Confidential <input type="checkbox"/> Protected Non-Public | If Data is <i>Not Public</i> , Requestor's Identity Verified by: Driver's License Number: Other Identification or Authorization: |
| The Request was: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part (explain below) | Dept/Division Authorized Signature X |
| Comments (reason and legal citation for denial if access was denied; other comments) | |

C. TO BE COMPLETED BY THE DEPARTMENT/ DIVISION WHEN FEES ARE CHARGED:

NOTE: You must contact your Responsible Authority before completing this section.

| | | | |
|---|----------|--|---------------|
| <input type="checkbox"/> Fees: Flat Rate No. of pages X \$.25 Flat rate per page = \$ _____ Amt. Due | | <input type="checkbox"/> Fees: Special Rate; Please complete and attach Form B (Copy Cost Calculation Form) for projects requiring a Special Rate. | |
| Total Amount Due: | \$ _____ | Received by (signature) | Date Received |
| Amount to be Pre-Paid: <i>(50% of total if over \$50.00)</i> | \$ _____ | Received by (signature) | Date Received |
| Balance Due <i>(upon completion of project)</i> | \$ _____ | Received by (signature) | Date Received |

NOTES TO REQUESTOR:

| | |
|---------------------------------------|--|
| Make check or money order payable to: | If this form will be returned by mail, send form with any fees to: |
|---------------------------------------|--|

Copying Fees: You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.
Request Frequency for Private Data on Individuals: After you have been given the data and informed of its meaning, the data need not be disclosed to you again for six months thereafter unless a dispute or action is pending or additional data on you has been collected.



COPY COST CALCULATION FORM

For Compliance with the Minnesota Government Data Practices Act (MGDPA)

NOTE: You must contact your Responsible Authority before completing this page. This form is used as a supplement to Form A, the Information Disclosure Request. Form A is used to document any request for data when 100 or fewer pages of black and white, letter or legal size paper copies are requested. Form B is used when any request for data is for more than 100 pages or special conditions exist.

| | |
|-----------|-----------------|
| Requestor | Date of Request |
|-----------|-----------------|

SPECIAL RATE:

| | | Estimated Cost | Actual Cost |
|--|---|----------------|-------------|
| Labor (retrieval time, sorting, document prep, programming, copying etc.): | Description of service: _____ Hours X \$ _____ Hourly Rate | \$ | \$ |
| Photocopies: | _____ Pages X \$ _____ Cost per page | \$ | \$ |
| Printing costs: | Description: | \$ | \$ |
| Materials or Supplies: | Description | \$ | \$ |
| Postage or Shipping: | Description: | \$ | \$ |
| Other (computer time, microfilming, special transportation, etc.): | Description: | \$ | \$ |
| TOTAL: | | \$ | \$ |

Chisago County when furnishing a data/data base is on an "AS IS" basis, without any support whatsoever and without representation or warranty, including but not in any manner limited to: fitness, merchantability or the accuracy and completeness of the data/data base.

COMMERCIAL RATE:

The County may charge a reasonable fee in addition to the Special Rate for public data that has commercial value and is an entire formula, pattern, database or system developed with a significant expenditure of public funds. The Commercial Rate is the Special Rate (i.e., the actual cost of providing the data) with an additional charge that reflects all or part of the development costs that relate directly to the data, such as labor, design, development, testing, and ensuring that data are accurate.

Description of Additional Commercial Rate Charges:

| | | | |
|---|----|-------------------------|------------|
| Total Amount Due: | \$ | Received by (signature) | Date Rec'd |
| Amount to be Pre-Paid: <i>(50% of total if over \$50.00)</i> | \$ | Received by (signature) | Date Rec'd |
| Balance Due <i>(upon completion of project)</i> | \$ | Received by (signature) | Date Rec'd |

| | |
|---------------------------------------|--|
| Make check or money order payable to: | If this form will be returned by mail, send form with any fees to: |
|---------------------------------------|--|