

County of Rock  
**INFORMATION DISCLOSURE REQUEST**  
 Minnesota Government Data Practices Act

A. Completed by Requester

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

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. Completed by Department

DEPARTMENT NAME	HANDLED BY:
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NONPUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NONPUBLIC <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:	
PHOTOCOPYING CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> _____ Pages x _____ \$ = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation)	IDENTITY VERIFIED FOR PRIVATE INFORMATION <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE ID, Etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER:
AUTHORIZED SIGNATURE:	DATA REQUEST APPROVED OR DENIED:

Requested by: \_\_\_\_\_ Subject of Data \_\_\_\_\_ Not Subject of Data