## City of Browns Valley

# City of Browns Valley INFORMATION DISCLOSURE REQUEST Minnesota Government Data Practices Act

### A. Completed by Requester

REQUESTER NAME( Last, First, MI)	Date of Request:			
STREET ADDRESS:	PHONE NUMBER:			
COUNTY, STATE, ZIP CODE:	SIGNATURE:			
DESCRIPTION OF THE INFORMATION REQUESTED: (attach additional sheets if necessary)				

## City of Browns Valley

#### B. Completed by Department

DEPARTMENT NAME:			HANDLED BY:		
INFORMATION CLASSIFIED AS:			ACTION:		
PUBLIC	NON-PUBLIC	APPROVED			
PRIVATE	CONFIDENTIAL	APPROVED IN PART (explain below)			
PROTECTED NON-PUBLIC					
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:					
CHARGES:	IDENTITY V INFORMATI			ERIFIED FOR PRIVATE ON:	
			IDENTIFICATION: Driver's License, State, ID, etc.		
PHOTOCOPY:		Comparison with Signature on File			
Special Rate: (attach explanation)		Personal Knowledge			
Other: (attach explanation)		Other:			
AUTHORIZED SIGNATURE:				DATE:	

For security reasons, data requests sent as email attachments will not be opened or responded to. Instead, completed data request forms should be sent by FAX or postal mail to:

> City of Browns Valley 19 3rd Street South, P.O. Box 334

Browns Valley, MN 56219

320.695.2110 - PHONE 320.695.2127 - FAX