St. Louis Park
MINNESOTA
Experience LIFE in the Park

Information disclosure request
Minnesota Government Data Practices Act

A. Completed by requester

(Optional, for the sole purpose of facilitating access to the data.)

Requester name: _____ Date of request: _____

Request type: ☐ In-person ☐ Phone ☐ Mail

Street address: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____ Signature: _____

Description of the information requested:

NOTE: You may be required to pay the actual cost of making and/or compiling the copies of the information requested.

B. Completed by department

Department name: _____ Request handled by: _____

Method of response: ☐ In-person ☐ Phone ☐ Mail ☐ Fax

Information classified as: ☐ Public ☐ Private ☐ Non-public ☐ Confidential ☐ Protected non-public

Action: ☐ Approved ☐ Approved in part (explain below) ☐ Denied (explain below)

Identity information for private information:
☐ Identification ☐ Compare signature on file ☐ Personal Knowledge ☐ Other

C. Complete when fees are assessed

Photocopy charges: ☐ None __ _____ (number of pages) X __0.25__ = _____

Fees (complete cost calculation): _____

Total amount due: _____ Received by: _____ Date: _____

Authorized signature: _____

Makes check/money order payable to: City of St. Louis Park

If mailed, return form and any fees to:
City of St. Louis Park
5005 Minnetonka Blvd.
St. Louis Park, MN 55416