

**GUIDELINES AND PROCEDURES FOR THE
MINNESOTA GOVERNMENT DATA PRACTICES ACT**

Exhibit 4

GENERAL DATA ACCESS REQUEST

Notice: You may cancel this request at any time prior to the release of information. You may be required to pay the actual costs of making copies and/or compiling data, if your request exceeds 100 pages. Smaller requests cost 25 cents per page.

Note: The subject of the data request must authorize the release of private information to the subject's agent or another agency. A **Consent to Release Private Data** must be completed the subject of the data.

Completed by Requester

Name (Last, First, MI)	Date of Request	
Street Address	Phone Number	Email Address
City, State, ZIP		

You do not have to provide contact information to view or obtain public data. However, if you want us to mail you copies of data, we will need some type of contact information. In addition, if we do not understand your request and need to get clarification from you, without contact information we will not be able to begin processing your request until you contact us.

All requests to view or receive private or confidential data must be made in writing to verify identity.

I am requesting access to data in the following way (Note: inspection is free but the City of Winsted charges for copies.)
 Inspection Copies Both inspection and copies

Description of the information requested: (attach additional sheets if necessary)

Completed by the City of Winsted

Information classified as: Public Non-Public Private Protected Non-Public Confidential

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

Remarks or basis for denial including MN Statute, if applicable:

Charges:

None
 Photocopy:
Pages x .25 cents =
 Special Rate:

Explanation:

Other:

Explanation:

Authorized Signature	Date
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Exhibit 3

DATA REQUEST COST CALCULATION FORM

Fees charged are in accordance with MN Statutes Section 13.03 (3).

Date of Request: _____

Description of information requested: (Please be specific)

Costs for duplication of standard materials are included on Exhibit 3. Please use this section to calculate fees for other data requests.

		Estimated Cost	Actual Cost
A. LABOR	<u> </u> X # Hours Hourly Rate	_____	_____
	<u> </u> X # Hours Hourly Rate	_____	_____
B. PHOTOCOPY	<u> </u> X Rate # of Pages	_____	_____
C. MAILING	_____	_____	_____
D. PRINTING COSTS:	_____	_____	_____
E. OTHER COSTS: (May include computer time, programming, terminal access, microfilming, and any other costs not listed above.)			
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
	TOTAL CHARGES	_____	_____
	AMOUNT TO BE PREPAID	_____	_____
	(50% of est. total if exceeds \$50)		
	AMOUNT DUE UPON COMPLETION	_____	_____

Prepared by: _____

Department: _____ Date: _____