

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

Exhibit 5

CLASSIFIED DATA ACCESS REQUEST (Data Subject)

Notice: You may cancel this request at any time prior to the release of information. In any event, this request form will expire 90 days after signing.

You may be required to pay the actual costs of making copies and/or compiling data.

After being shown private data on individuals and informed of its meaning, this data need not be disclosed again for six months unless additional information has been collected or an action is pending.

Note: If the requester is not the data subject, 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 by the subject of the data.

Completed by Requester

Data Subject Name (Last, First, MI)		Date of Request
Parent/Guardian Name (if applicable)		
Street Address	Phone Number	E-mail Address
City, State, ZIP	Signature of Requester, Data Subject or Parent/Guardian <i>If not the subject of the data requested, see note above.</i>	

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: _____

Identity Verified for Private Information:

To request data as a data subject, you must show a valid state ID.

Identification: Driver's License, etc. _____
 Comparison with Signature on File _____
 Personal Knowledge _____
 Other: _____

Explanation: _____

Other: _____

Explanation: _____

Authorized Signature

Date

April 2014