Data Request Form Submit to: City of Goodhue P.O. Box 126 Goodhue, MN 55027

A. To be Completed by Requester

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Fax Number:
City, State, Zip Code:	Email Address:
Signature:	Date of Request:
Note: According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.	
Description of the Information Requested:	
B. To be Completed by City Department	
Department Name:	Handled by:
Information Classified as:	Action:
☐ Public ☐ Non-Public	☐ Approved
☐ Private ☐ Protected Non-Public	☐ Approved in Part (Explain below)
☐ Confidential	☐ Denied (Explain below)
Remarks or basis for denial including statute section:	
Note: According to MS § 13.03, subd. 3, authorizes us to charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. Prepayment is required prior to receiving copies of data. We do not charge for inspection of data or for separating not public data from public data.	
Copy Charges:	Identity Verified for Private Information:
☐ Pages x .25¢ per Black/White Pages =	☐ Identification: Driver's License, State Id, Etc.
- I ages x .25% per blacky writte r ages	☐ Comparison with Signature on File
☐ Employee Time - \$30.00 per hourHours =	☐ Personal Knowledge
nours =	☐ Other:
☐ Other Charges =	
☐ Special Rate: (attach explanation) =	
Total Charges: \$	
Authorized Signature: Date:	
Addition264 Orginature.	Date