

City of  
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**DISCLOSURE REQUEST**

Minnesota Government Data Practices Act

A. Completed by Requester (if you wish your name to be withheld, please send alternate contact info)

REQUESTER NAME (Last, First, M.):	DATE & TIME OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP:	SIGNATURE:
DESCRIPTION OF INFORMATION REQUESTED:	

B. Completed by Department

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (Explain below) <input type="checkbox"/> DENIED (Explain below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> _____ Pages (B&W) x \$0.20 = _____ <input type="checkbox"/> Other: _____ (explain)	IDENTITY VERIFIED FOR PRIVATE INFORMATION <input type="checkbox"/> IDENTIFICATION: Drivers License, State ID, etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
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