DATA REQUEST FORM
Minnesota Government Data Practices Act

City of Marshall | 344 West Main Street | Marshall MN 56258 | 507-537-6760 | www.ci.marshall.mn.us

A. COMPLETED BY REQUESTOR

REQUESTOR NAME (Last, First, MI):	DATE OF REQUEST: PHONE NUMBER:
STREET ADDRESS / APT#	
CITY, STATE, ZIP CODE	EMAIL ADDRESS:
DESCRIPTION OF INFORMATION REQUESTED (PLEASE BE SPECIFIC--USE ADDITIONAL SHEET IF NEEDED)	
I AM REQUESTING ACCESS TO DATA IN THE FOLLOWING WAY (CHECK ALL THAT APPLY): ☐INSPECT COPIES ☐ EMAIL COPIES ☐PAPER COPIES (TO BE PICKED UP) ☐PAPER COPIES (TO BE MAILED) Note: You may be required to pay the actual cost of making and/or compiling the copies of information requested.	
SIGNATURE:	

DATA PRIVACY ADVISORY: *This information is not legally required but used for the sole purpose of facilitating access to the data. Once the request has been completed, this form will constitute a public record. The purpose and intended use of this information is to process your request, contact you if additional information is needed, and when requesting private or confidential data on individuals, to determine authority to access the data.*

If mailed, return form and payment to: City of Marshall, Attn: City Clerk, 344 West Main Street, Marshall, MN 56258
Or email form to: Datarequest@ci.marshall.mn.us

B. COMPLETED BY CITY DEPARTMENT

DATE REQUEST RECEIVED:		REQUEST HANDLED BY (NAME/TITLE):
METHOD OF RESPONSE: ☐IN-PERSON ☐PHONE ☐EMAIL ☐MAIL		INFORMATION CLASSIFIED AS: ☐PUBLIC ☐PRIVATE ☐NON-PUBLIC ☐CONFIDENTIAL ☐PROTECTED NON-PUBLIC
ACTION:	☐APPROVED ☐APPROVED IN PART (EXPLAIN BELOW) ☐DENIED (EXPLAIN BELOW)	
IDENTITY VERIFIED FOR PRIVATE INFORMATION: ☐IDENTIFICATION ☐PERSONAL KNOWLEDGE ☐OTHER_____		
RESPONSE PROVIDED BY (NAME/TITLE):		COMPLETION DATE:

C. COMPLETED WHEN FEES ARE ASSESSED

CHARGES: ☐NONE ☐POSTAGE (IF MAILED) $_____ ☐Other $_____ ☐PAGES _____x $0.25=$_____ (# OF PAGES) ☐EMPLOYEE TIME _____x $_____=$_____ (# OF HOURS) x (HOURLY RATE)		
TOTAL AMOUNT DUE: $_____	FEE RECEIVED BY (NAME/TITLE):	DATE:

Make check/money order payable to: CITY OF MARSHALL Questions? 507-537-6763