



CITY OF APPLE VALLEY
DATA REQUEST FORM – MEMBERS OF THE PUBLIC

Minnesota Government Data Practices Act, Chapter 13

Date of Request: _____

I am requesting access to data in the following way:

- Inspection *(free)*
- Copies *(cost*)*
- Both inspection and copies *(cost for copies*)*

**Charges of \$5.00 and less are waived*

These are the data I am requesting:

Note: Describe the data you are requesting as **specifically as possible**. If you need more space, please use the back of this form.

Contact Information

Name: _____

First

Last

Address: _____

Street

City

State

Zip

Phone Number: _____ Email Address: _____

You do not have to provide any of the above contact information. However, if you want us to mail/email 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.

City of Apple Valley will respond to your request as soon as reasonably possible.

01/16	For Office Use Only	Code to: 1001-4211
Date request received: _____	Public Data / Nonpublic Data	Approved / Denied
Date paid: _____	Amount \$: _____	Receipt no.: _____
Request handled by: _____	Date data provided: _____	