



**CITY OF STARBUCK
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DATA REQUEST FORM

Minnesota Government Data Practices Act

Completed by Requester:

Name (Last, First, MI)

Date of Request

Street Address

Phone Number

City, State, Zip

Signature

Description of the information requested: (attach additional sheets if necessary)
Charges may apply such as photocopies at 25 cents each and employee time involved in retrieving information. Please allow reasonable time to receive your requested information.

Completed by the City of Starbuck: Handled by : _____

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 _____ Pages x .25 cents = _____

___ Special Rate: _____ Other: _____

Explanation: _____ Explanation: _____

Authorized Signature

Date