



**CITY OF WILLMAR
INFORMATION DISCLOSURE REQUEST FORM**

PO Box 755, Willmar, MN 56201
320-235-4913 FAX – 320235-4917

DATE OF REQUEST _____

A. REQUESTOR COMPLETE:

1. REQUESTORS NAME: _____

2. ADDRESS: _____ PHONE: _____

3. DESCRIPTION OF THE INFORMATION REQUESTED:

4. REQUESTS SIGNATURE: _____

5. NOTE: If the data subject authorizes the release of private information to his agent or to another agency, the data subject's signature must be notarized.

Subscribed and Sworn to Before me this _____ day of _____, 20 _____.

Notary Public

B. DEPARTMENT/DIVISION COMPLETE:

6. DEPARTMENT/DIVISION NAME: _____

7. REQUEST HANDLED BY: _____

8. REQUEST TYPE: _____ IN PERSON _____ MAIL _____ PHONE _____

9. REQUESTED BY: _____ SUBJECT OF DATA _____ NOT SUBJECT OF DATA

10. THE INFORMATION REQUESTED IS CLASSIFIED: _____ PUBLIC _____ PRIVATE
_____ CONFIDENTIAL _____ NON-PUBLIC _____ PROTECTED NON-PUBLIC

11. REQUEST: _____ APPROVED _____ DENIED _____ APPROVED IN PART

12. AUTHORIZED SIGNATURE _____

13. REMARKS / COMMENTS (if requested data is classified so as to deny access to the requestor cite authority or reason. Also enter any other remarks / comments appropriate.)

C. DEPARTMENT / DIVISION COMPLETE WHEN FEES ARE ASSESSED

(A receipted copy of this form is to be provided to the requestor each time money is received.)

14. Copying Fees

A. 8 1/2" x 11" or 11" x 17"

Flat Rate _____ x \$0.25 each = \$ _____

B. Maps or Drawings greater than 11" x 17"

Flat Rate _____ x \$4.00 each = \$ _____

C. Aerial Photographs

Flat Rate _____ x \$6.00 each = \$ _____

D. Enlargements or Reductions

Flat Rate _____ x \$1.00 each = \$ _____

E. Fire Reports

Flat Rate _____ x \$0.25 each = \$ _____

15. Compiling Fees

Hourly Rate _____ x _____ Hours = \$ _____

16. VHS Videotape / CD / DVD Fees

Device Cost _____ \$ _____

Recording Fee _____ \$ _____

17. Postage Fees

Postage Rate _____ \$ _____

TOTAL \$ _____

THE CITY OF WILLMAR RESERVES THE RIGHT TO REQUIRE A 50% PREPAYMENT OF THE ESTIMATED TOTAL COSTS IF OVER \$50.00

I have received from the above name, the amount indicated opposite my signature in payment for providing the data.

TOTAL AMOUNT DUE _____ RECEIVED BY _____ DATE _____

PREPARED AMOUNT _____ RECEIVED BY _____ DATE _____

BALANCE DUE _____ RECEIVED BY _____ DATE _____

MAKE CHECK OR MONEY ORDER PAYABLE TO THE **CITY OF WILLMAR** IF MAILED,
RETURN ENTIRE FORM TO: CITY OF WILLMAR - PO BOX 755, WILLMAR, MN 56201

You may cancel this Information Disclosure at any time prior to the information being released and that in any event this consent Form expires automatically 90 days after the signing.