



Exhibit 4
INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act

A. Completed by Requester

REQUESTER NAME (Last, First, M.):	DATE OF REQUEST:
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	SIGNATURE:
ARE YOU THE SUBJECT OF DATA REQUESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DO YOU HAVE VALID IDENTIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIPTION OF THE INFORMATION REQUESTED:	
INSPECTION ONLY: <input type="checkbox"/> COPIES ONLY: <input type="checkbox"/> INSPECTION AND COPIES: <input type="checkbox"/>	

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 x ____ = ____ <input type="checkbox"/> SPECIAL RATE: ____ (ATTACH EXPLANATION FOR SPECIAL RATE)	IDENTITY VERIFIED FOR PRIVATE INFORMATION: <input type="checkbox"/> IDENTIFICATION: DRIVER'S LICENSE, STATE I.D., etc. <input type="checkbox"/> COMPARISON WITH SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER: _____
AUTHORIZED SIGNATURE:	DATE: