



**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:
_____	_____
Please mail your information disclosure request to City Hall at PO Box 526 - 333 South Washington Street or send via email at info@ci.redwood-falls.mn.us	