



INFORMATION REQUEST FORM

This form is available at Independence City Hall and may be completed and faxed to 763-479-0528 or mailed to 1920 County Road 90, Independence, MN 55359. If the request is for data, or to review data, refer to the City's data practices policy. Otherwise the City Council prescribes this form for the efficient use of City resources, and to ensure a timely response from the City.

Requestor _____
Street Address _____
City/Zip Code _____

Date of Request _____
Phone Number _____
Fax Number _____

Description of Information Requested:

In making this request, I understand that:

- The City of Independence is under no obligation to create a document that does not already exist, or to comply with a standing request for information.
- Items expressly confidential under law will not be disclosed (refer to the Minnesota Data Practices Act, Minnesota Statutes 13 for more information).
- Independence will provide the requested information as expediently as possible. If the requested information is time sensitive, please indicate that above and the City of Independence will make every effort to comply.
- Any time and materials used by staff will be fully reimbursed by the requestor even if the request is cancelled in writing. The City shall respond promptly to the request once this form is submitted.

Signature of Requestor

FOR CITY USE ONLY	
Date Received:	Received by:
Action Taken:	
Date information released:	Employee Releasing information:
Amount paid:	