

Data Request Form

Submit via mail
or email:

City Clerk, City of Oakdale, Minnesota
1584 Hadley Avenue N
Oakdale, MN 55128 or
datarequests@oakdalemn.gov



- A. To be Completed by Requester only if requested documents are to be mailed or emailed to the Requester, or if the Requester asks to be contacted when the data is ready to be picked up.

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Date of Request:
City, State, Zip Code:	Email Address:
Signature:	
<i>Per MS §13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.</i>	
Description of the Information Requested. Please specify incident dates or time frames, if relevant.	

- B. To be Completed by City of Oakdale

Department Name:	Handled by:
Information Classified as: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Confidential <input type="checkbox"/> Non-Public <input type="checkbox"/> Protected Non-Public	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:	
<i>Per MS § 13.03, subd. 3, authorizes us to charge fees to recover costs to provide copies of data, including costs associated with searching, compiling, copying, mailing, or otherwise transmitting data. Prepayment is required prior to receiving copies of data. We do not charge for inspection of data or for separating not public data from public data.</i>	
Copy Charges: <input type="checkbox"/> 10 - 100 pages - _____ Pages x .25¢ per page = _____ <input type="checkbox"/> Over 100 pages (electronic or paper) or over 1.5 hours for search and retrieval Employee Time: _____ Hours = _____ <input type="checkbox"/> Other Charges = _____ <input type="checkbox"/> Special Rate: _____ (attach explanation) = _____ Total Charges: \$ _____	Identity Verified for Private Information: <input type="checkbox"/> Identification: Driver's License, State ID, Etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other:
City Authorized Signature: _____ Date: _____	