



REQUEST FOR PUBLIC INFORMATION

As allowed under MN State Statute 13.03

NAME: _____

ADDRESS: _____

TELEPHONE: _____

EMAIL ADDRESS: _____

INFORMATION REQUESTED: PLEASE BE SPECIFIC (e.g. address of file needed, date of meeting packet, etc.).

- I REQUEST _____ COPY(IES) OF THE INFORMATION REQUESTED.
- I REQUEST _____ CD(S) OF THE INFORMATION REQUESTED.
- PLEASE CONTACT ME TO SCHEDULE A REVIEW OF THE INFORMATION REQUESTED.

Signature

Date of Request

** Please note that the City of Afton will charge \$.25 per paper copy and \$10.00 per CD plus additional expenses for staff time. All requests will be reviewed by the City Administrator. If an appointment is required, an appointment will be scheduled after review of request. Staff will respond to all requests for information within 10 days.

FOR OFFICE USE ONLY:

Staff Time _____ Scheduled Review Time/Date _____

Fee Paid \$ _____ Date _____ Staff Initials _____

Administrator Signature

Date Provided