

FORM 4
NORTHWEST REGIONAL DEVELOPMENT COMMISSION
REQUEST FOR INFORMATION
Minnesota Government Data Practices Act

A. Completed by Requester

NAME: _____

ADDRESS: _____

DATE OF REQUEST: _____

PHONE NUMBER: _____

SIGNATURE: _____

DESCRIPTION OF THE INFORMATION REQUESTED:

B. Completed by Department HANDLED

BY: __ INFORMATION CLASSIFIED AS:

____ Public
____ Private
____ Confidential
____ Non-Public
____ Protected Non-Public

ACTION:

____ Approved
____ Approved in Part (Explain below)
____ Denied (Explain below)

REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:

PHOTOCOPYING CHARGES

____ None
____ Pages x \$ ____ = ____

IDENTITY VERIFIED FOR PRIVATE INFORMATION:

____ Identification: Driver's License, State ID, Etc.
____ Comparison with signature on file
____ Personal knowledge
____ Other: _____