City of Carlos
109 W 1st Street
PO Box 276
Carlos, MN 56319

(320) 852-3000
office@cityofcarlos.com
Website: cityofcarlos.com

Data Request Form

Submit to:
City of Carlos
109 W 1st St, PO Box 276
Carlos, MN 56319

or

Email: office@cityofcarlos.com

To be Completed by Requester

Requester Name (Last, First, M.):	Phone Number:
Street Address:	Fax Number:
City, State, Zip Code:	Email Address:
Signature:	Date of Request:
Note: According to MS § 13.05, subd. 12, persons are not required to identify themselves, or state a reason for, or justify a request for public data.	
Description of the Information Requested:	

To be Completed by City Department

Department Name:	Handled by:
Information Classified as: ☐ Public ☐ Non-Public ☐ Private ☐ Protected Non-Public ☐ Confidential	Action: ☐ Approved ☐ Approved in Part (Explain below) ☐ Denied (Explain below)
Remarks or basis for denial including statute section:	
Note: According to 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.	
Copy Charges: ☐ _____ Pages x .25¢ per Black/White Pages = _____ ☐ Employee Time $60.00 per hour X _____Hours = _____ (only charge if over 100 pages) ☐ Other Charges = _____ ☐ Special Rate: _____ (Packet/Other_____) = _____ **Total Charges:** $_____	Identity Verified for Private Information: ☐ Identification: Driver's License, State Id, Etc. ☐ Comparison with Signature on File ☐ Personal Knowledge ☐ Other: _____ Method of Request: ☐ In Person ☐ E-Mail ☐ Other ☐ Mail
Authorized Signature: _____ Date:	