

# City of Foley – Data Request Form

## To be Completed by Requester – Please Print

Requester Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ 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*

Forward information by:  Email  Mail  Fax  Call for Pick-Up

Description of Information Requested – Be as Specific as Possible – Use the Back of This Form if Necessary:

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## 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:

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*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 Page = \$ \_\_\_\_\_  
 Employee Time \_\_\_\_\_ Hours @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 Other Charges \_\_\_\_\_ = \$ \_\_\_\_\_

Identity Verified for Private Information:

- Identification: Driver's License, State Id, Etc.  
 Comparison with Signature on File  
 Personal Knowledge  
 Other: \_\_\_\_\_

Date Delivered: \_\_\_\_\_ Total Charges: \$ \_\_\_\_\_

## Consent to Release Private Data

I, \_\_\_\_\_, authorize the City of Foley ("City") to release the  
(print name)  
following private data about me:

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to the following person or people:

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The person or people receiving the private data may use it only for the following purpose or purposes:

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This authorization is dated \_\_\_\_\_ and expires on \_\_\_\_\_.

The expiration cannot exceed one year from the date of the authorization, except in the case of authorizations given in connection with applications for life insurance or non-cancelable or guaranteed renewable health insurance and identified as such, two years after the date of the policy.

I agree to give up and waive all claims that I might have against the City, its agents and employees for releasing data pursuant to this request.

x \_\_\_\_\_  
Signature

Identity verified by:

- Identification: Driver's License, State ID, Passport, other: \_\_\_\_\_
- Comparison with signature on file
- Personal Knowledge
- Other: \_\_\_\_\_

Responsible Authority/Designee: \_\_\_\_\_

## Notice to Persons Under the Age of 18

Some of the information you are asked to provide is classified as private under state law. You have the right to request that some of the information not be given to one or both of your parents/legal guardians. Please complete the form below if you wish to have information withheld.

Your request does not automatically mean that the information will be withheld. State law requires the City to determine if honoring the request would be in your best interest. The City is required to consider:

- Whether you are of sufficient age and maturity to explain the reasons and understand the consequences,
- Whether denying access may protect you from physical or emotional harm,
- Whether there is reasonable grounds to support your reasons, and
- Whether the data concerns medical, dental, or other health services provided under Minnesota Statutes Sections 144.341 to 144.347. If so, the data may be released only if failure to inform the parent would seriously jeopardize your health.

NOTICE GIVEN TO: \_\_\_\_\_

Date: \_\_\_\_\_

BY: \_\_\_\_\_

\_\_\_\_\_

(title)

### Request to Withhold Information

I request that the following information: \_\_\_\_\_

\_\_\_\_\_

Be withheld from: \_\_\_\_\_

\_\_\_\_\_

For these reasons: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## Standards for Verifying Identity

The following constitute proof of identity.

- An **adult individual** must provide a valid photo ID, such as
  - a state driver's license
  - a military ID
  - a passport
  - a Minnesota ID
  - a Minnesota tribal ID
  
- A **minor individual** must provide a valid photo ID, such as
  - a state driver's license
  - a military ID
  - a passport
  - a Minnesota ID
  - a Minnesota Tribal ID
  - a Minnesota school ID
  
- The **parent or guardian of a minor** must provide a valid photo ID *and either*
  - a certified copy of the minor's birth certificate *or*
  - a certified copy of documents that establish the parent or guardian's relationship to the child, such as
    - ❖ a court order relating to divorce, separation, custody, foster care
    - ❖ a foster care contract
    - ❖ an affidavit of parentage
  
- The **legal guardian for an individual** must provide a valid photo ID *and* a certified copy of appropriate documentation of formal or informal appointment as guardian, such as
  - court order(s)
  - valid power of attorney

Note: Individuals who do not exercise their data practices rights in person must provide *either* notarized or certified copies of the documents that are required *or* an affidavit of ID.