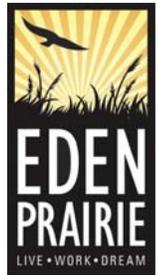


**CITY OF EDEN PRAIRIE  
 INFORMATION DISCLOSURE REQUEST  
 MINNESOTA GOVERNMENT DATA PRACTICES ACT**



**A. COMPLETED BY REQUESTER**

(Optional, for the sole purpose of facilitating access to the data)

|   |   |
|---|---|
| REQUESTER NAME (Last, First, MI):         | DATE OF REQUEST:  |
| STREET ADDRESS:                           | REQUEST TYPE: <input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL |
| CITY, STATE, ZIP CODE:                    | PHONE NUMBER:   |
| SIGNATURE:                                |   |
| DESCRIPTION OF THE INFORMATION REQUESTED: |   |
|   |   |
|   |   |

NOTE: You may be required to pay the actual costs of making and/or compiling the copies of information requested.

**B. COMPLETED BY DEPARTMENT**

|   |   |
|---|---|
| DEPARTMENT NAME:  | REQUEST HANDLED BY:   |
| METHOD OF RESPONSE:<br><input type="checkbox"/> IN-PERSON <input type="checkbox"/> PHONE <input type="checkbox"/> MAIL <input type="checkbox"/> FAX   | INFORMATION CLASSIFIED AS:<br><input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> NON-PUBLIC<br><input type="checkbox"/> CONFIDENTIAL <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)   |   |
| IDENTITY VERIFIED FOR PRIVATE INFORMATION:<br><input type="checkbox"/> IDENTIFICATION <input type="checkbox"/> COMPARE SIGNATURE ON FILE <input type="checkbox"/> PERSONAL KNOWLEDGE <input type="checkbox"/> OTHER |   |

**C. COMPLETE WHEN FEES ARE ASSESSED**

|   |                                      |       |
|---|--------------------------------------|-------|
| PHOTOCOPYING CHARGES:<br><input type="checkbox"/> NONE<br><input type="checkbox"/> _____ X 0.25 = _____<br>(# OF PAGES) | FEES:<br>(Complete Cost Calculation) |       |
| TOTAL AMOUNT DUE: \$  | RECEIVED BY:                         | DATE: |
| AUTHORIZED SIGNATURE:   |                                      |       |

Make check/money order payable to: City of Eden Prairie. When you pay by check, the City will present the check for payment to your bank electronically. Your original check will be destroyed once processed and you will not receive your cancelled check back.

If mailed, return form and payment to: CITY OF EDEN PRAIRIE, 8080 Mitchell Road, Eden Prairie, MN 55344-4485.