

**DATA REQUEST FORM  
Minnesota Government Data Practices Act**

The City of Vergas is an equal opportunity provider & employer.

**Vergas City Hall**

131 E Main  
PO Box 32  
Vergas, MN 56587  
Phone 218-302-5996

Email jlammers@cityofvergas.com Web-site: [www.cityofvergas.com](http://www.cityofvergas.com)

**Completed by Requester**

\_\_\_\_\_  
Name (Last, First, MI)

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

Description of the information requested: (attach additional sheets if necessary)  
**Charges may apply such as photo copies at 25 cents each and employee time involved in retrieving information.**  
**Please allow reasonable time to receive your requested information (not to exceed 20 days).**

\*\*\*\*\*

**Completed by the City of Vergas**

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 MN Statute if applicable:*

***Charges:***

None                                       Pages x .25 cents = \_\_\_\_\_

Special Rate: \_\_\_\_\_                       Other: \_\_\_\_\_

Explanation: \_\_\_\_\_                      Explanation: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date