

DATE OF APPLICATION: ____ / ____ / ____

REQUESTER INFORMATION

REQUESTER NAME: _____
Last Name, Middle Name, M.I.

PHONE NUMBER: () - _____

STREET ADDRESS: _____
Street

EMAIL: _____

SIGNATURE: _____

City State Zip Code

REQUESTED INFORMATION (REQUIRED)

REQUESTED DATA: Describe the data you are requesting as specifically as possible.

- REQUESTED FORMAT:**
- Inspection at City Hall
 - Paper
 - Pick Up
 - Mail
 - Email

INFORMATION (Completed by the City of Victoria)

INFORMATION CLASSIFIED AS: Public Private Confidential Non-Public Protected Non-Public

MINNESOTA CLASSIFICATION CODE: _____

- ACTION:**
- Approved
 - Approved in Part (Explain in Remarks)
 - Denied (Explain in Remarks)

CITY CLERK REMARKS OR BASIS FOR DENIAL INCLUDING STATUE SECTION: _____

COPYING CHARGES/ASSOCIATED COSTS:

- None
- Deposit
- _____ Pages x _____ = _____
- Actual Cost: _____

- IDENTITY VERIFIED FOR PRIVATE INFORMATION:**
- Identification (Driver's License, State I.D., etc)
 - Comparison with Signature on File
 - Personal Knowledge
 - Other: _____

DEPARTMENT REMARKS: _____

DEPARTMENT SIGNATURE AND DATE:

Signature Date

CITY CLERK SIGNATURE AND DATE:

Signature Date