



City of Osakis

14 Nokomis Street East
 PO Box 486
 Osakis, Minnesota 56360
 Phone #320-859-2150
 Fax #320-859-3978

E-mail - cityhall@cityofosakis.com

DATA REQUEST FORM

A. TO BE COMPLETED BY REQUESTER (optional for the sole purpose of facilitating access to data*)

Name:		Phone Number:	
Street Address:		Fax Number:	
City, State, Zip:		Email Address:	
Signature:		Date of Request:	

**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 (be as specific as possible) _____

NOTE: MS 13.03, subd.3, authorizes the District to charge fees to recover costs to provide copies of data, including cost associated with searching, compiling, copying, mailing, or otherwise transmitting data. Payment 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.

B. TO BE COMPLETED BY CITY OF OSAKIS PERSONNEL

Department Name:	Handled By:
Information Classified As: <input type="checkbox"/> Public <input type="checkbox"/> Non-Public <input type="checkbox"/> Private <input type="checkbox"/> Protected Non-Public <input type="checkbox"/> Confidential	Action: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part (explanation below)

Remarks or basis for denial (including cited statute) _____

Copy Charges: <input type="checkbox"/> ___ Pages x \$.10 per Black/White Pages = _____ <input type="checkbox"/> ___ Pages x \$.15 per Color Pages = _____ <input type="checkbox"/> Employee Time (\$____per hour) = _____ (only charge if over 50 pages) <input type="checkbox"/> Other Charges <input type="checkbox"/> Special Rate: _____ (attached explanation)= _____ <div style="text-align: right;">Total Charges: \$ _____</div>	Identity Verified (Private data requests only): <input type="checkbox"/> Identification: Driver's License, State ID, Etc. <input type="checkbox"/> Comparison with Signature on File <input type="checkbox"/> Personal Knowledge <input type="checkbox"/> Other: _____ _____ Signature of person requesting & receiving data Date
--	---

Authorized Signature: _____ Date: _____

The City of Osakis has adopted the Minnesota Records Retention Schedule and maintains records accordingly. If the data you are requesting is listed as Private per the Minnesota Records Retention Schedule, the staff will not provide you with that information. However, if part of a document has private data, the staff will block out the private date.

Staff will have at least seven (7) business days to provide this information, depending on request this may be longer

The City of Osakis charges a fee for all copies made. These fees are set annually by the City Council.

You will be required to pay for any copies made, staff time and postage if required.

By signing this form, you agree to pay the city for the cost of copies and staff time for providing the data requested by you.

Data requested is only given to the person requesting on this form.

www.cityofosakis.com

"A Friendly Place to Play and Stay"

This institution is an equal opportunity provider and employer.

Updated 3/4/2025