

**DATA REQUEST FORM**  
**CITY OF PELICAN RAPIDS**  
**ADMINISTRATOR AND/OR CLERK**  
**PO BOX 350**  
**PELICAN RAPIDS, MN 56572**

NAME		DATE	
ADDRESS			
CITY		STATE	ZIP
PHONE NUMBER		FAX NUMBER	

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.

Please give a complete description of the data you are requesting:

MS § 13.03, subd.3, authorizes Cities to charge fees to recover costs to provide copies of 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.

**Charges for copies of black and white, letter or legal size copies. We will charge actual costs including any material costs, search/retrieval time & mailing.**

- Up to 10 pages: no additional charge – actual costs only
- More than 10 pages but less than 100 pages: 25 cents per page (including the first 10 pages, plus actual costs above).
- More than 100 pages: 25 cents per page, plus actual costs above.
- Double-sided copies: 50 cents to piece of paper plus actual costs above.

**For all other copies, including colored pages, maps, videos, disc, etc: We will charge actual costs including any material costs, search/retrieval time & mailing.**

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