EXHIBIT B CITY OF CLOQUET REQUEST FOR PUBLIC DATA MINNESOTA GOVERNMENT DATA PRACTICES ACT

REQUESTERS: Complete this form and return it to Cloquet City Hall. You may submit it via e-mail at tpeterson@cloquetmn.gov, in person, or by US. Mail.

You do not have to provide contact information. However, if you want us to mail you copies of data, we will need some type of contact information. If we do not understand your request and need to get clarification from you, without contact information, we will not be able to begin processing your request until you contact us.

The City of Cloquet will respond to you as soon as reasonably possible.

NOTICE: You may cancel this request at any time prior to the release of information. You may be required to pay the actual costs of making copies.

Last Name	First Name		Phone	Phone		Date				
Street Address		City	State		Zip	Email				
Street Address		City	State		ΖΙΡ	Email				
Information Requested (Be as specific as possible):										
DEPARTMENT US	E ONLY Begues	tor places de	not write below	u thia lina						
	_	-								
Department		Handled By								
Request Type:	In Person	Mail	Phone	E-mail _						
Fees Charged:	ees Charged: If no fee is charged, enter "None"									

City of Cloquet, 101 14th Street, Cloquet, MN 55720 Phone: (218)879-334 Fax: (218)879-6555

EXHIBIT C – CLASSIFIED DATA (ACCESS REQUESTED) GOVERNMENT DATA PRACTICES ACT

REQUESTERS: Complete this form and return it to Cloquet City Hall.

NOTICE: You may cancel this request at any time prior to the release of information. In any event, this consent form will expire in 90 days after signing.

You may be required to pay the actual costs of making and/or compiling data.

After being shown private data on individuals and informed of its meaning, this data need not be disclosed for six months unless additional information has been collected or an action is pending.

NOTE: The subject of the data request must authorize the release of private information to the subject's agent or another agency. An "Informed Consent to Release" must be completed by the subject of the data.

Last Name	First Name		M.I.		Date				
Street Address	City	MN	Zip	Phone Number					
Information Requested	1								
Signature (If not the si	ubject of the data requested, see n	ote above)							
DEPARTMENT USE ONLY – Please do not write below this line. NOTE: Reasonable Identification must be obtained from the person seeking the information. NOTE: If Data Subject is a minor, consult Attorney prior to release of information.									
Department	Handled By								
Identification Viewed	I (Driver's License, State ID, N	otarized R	equest)						
Request is:[Data Subject Not Data S	Subject, Se	ee NOTE above						
Request Type:	In Person Mail								
Data Classification:	Public Non-Publ	icF	Protected Non-Pu	blicPrivate _	Confidential				
Request: Approved Denied Authorized Signature:									
Comments: Enter any appropriate remarks or comments. If data access is denied, cite authority or reason									
Fees Charged (if no	fee is charged enter "none"): _								