

Exhibit 6
CITY OF RAMSEY
INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act

A. To Be Completed by Requester

REQUESTER NAME (Last, First, MI):	DATE OF REQUEST
STREET ADDRESS	PHONE NUMBER
CITY, STATE, ZIP CODE:	SIGNATURE:
DESCRIPTION OF THE INFORMATION REQUESTED:	

B. To Be Completed by Department

DEPARTMENT NAME:	REQUEST TAKEN 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"/> APPROVED IN PART (Explain Below) <input type="checkbox"/> DENIED (Explain Below)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
CHARGES: <input type="checkbox"/> NONE <input type="checkbox"/> PHOTOCOPY: _____ Pages x _____ cents = _____. <input type="checkbox"/> SPECIAL RATES: _____ (attach explanation) <input type="checkbox"/> OTHER: _____ (attach explanation)	IDENTITY VERIFIED FOR PRIVATE INFORMATION: <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: _____
AUTHORIZED SIGNATURE:	DATE: