

PUBLIC INFORMATION REQUEST

(please use one form per request)

Town of West Lakeland
959 Paris Avenue Circle N
West Lakeland Township, Minnesota 55082
651.436.4773
townclerk@westlakeland.govoffice2.com

This form is required for persons requesting public information from the township. Most requests for information will be processed within 10 business days. However, depending upon the volume of information requested and accessibility to the information, some requests may take longer to process. If total fees due are \$100 or more, the township will require half the fees to be paid up front. Electronic reproduction is not permissible while inspecting documents. If data is not retrieved within 90 days after being notified of its availability, the request will be null and void.

Information Request

Date: _____

Description of Request (please list specific names, dates, addresses, etc., as applicable):

Applicant Information

Applicant Name: _____

Home Phone Number: _____

Work/Cell Phone number: _____

Email Address: _____

Street Address: _____ **Apt.** _____

City/State/Zip: _____

Signature: _____ **Date:** _____

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Office Use Only:

Name of staff person assigned to process the request: _____ Date: _____

Is information requested considered public data (verify with Township Attorney, if questionable):

Yes _____ No _____

If No, Explanation:

Staff Action/Response (coordinate with appropriate people to collect/release data):

Fees applicable for requests:

Comprehensive Plan: \$15 per copy.

Completed Permits (e.g., CUP, HOP, etc.): \$5.00 per copy.

Copies Fees: _____ pages x \$0.25 = \$ _____

Additional fees: actual cost of staff time for searching and retrieving government data, making, certifying and electronically transmitting copies of the data.

_____ Staff hours x \$26.50/hour (min. of ½ hr at \$13.25) = \$ _____

Other applicable fees (e.g., CDROM, memory stick, photos, etc) \$ _____

Total payment due (applicant will not receive or inspect copies made until payment is received): \$ _____

Date Paid: _____ **No Charge** _____ **Cash** _____ **Check #** _____

Staff Initials: _____

Date released to applicant: _____

Format: _____ **Paper** _____ **Email** _____ **CDROM** _____ **Memory Stick**