



CITY OF ST. JOSEPH

PUBLIC INFORMATION REQUEST FORM

Requestor _____ Date of Request _____

Street Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____

Email Address _____

Description of Information Requested:

In making this request, I understand that:

- The City of St. Joseph is under no obligation to create a document that does not already exist, or to comply with a standing request for information.
- Items expressly confidential, under law, will not be disclosed. (refer to the Minnesota Data Privacy Act, Minnesota Statutes Chapter 13 for more information.)
- The City of St. Joseph will provide the requested information as expediently as possible. If the requested information is time sensitive, please indicate that above and the City will make every effort to comply.
- The fees are as follows:

8 ½ x 11 Black and White	\$0.25/page
8 ½ x 14 Black and White	\$1.00/page
11 x 17 Black and White	\$1.15/page
8 ½ x 11 Color	\$0.50/page
8 ½ x 14 Color	\$1.25/page
11 x 17 Color	\$1.40/page
Meeting Tapes/DVDs	\$17.00/tape/dvd

Signature of Requestor

Submit to:
Fax: 320.363.0342 Email: cityoffices@cityofstjoseph.com
Mail: City Offices, 75 Callaway St E, St. Joseph, MN 56374

FOR CITY USE ONLY: Date Received: _____ Received by: _____

Action taken by City in obtaining the information: _____

Date Information Released: _____ Information Released By: _____ Total Cost _____