



**INFORMATION DISCLOSURE REQUEST FOR:
PUBLIC DATA**

(Submit to the Applicable Responsible Authority)

I, _____, of _____,
Please print full name: last, first, middle *Street Address*
_____, _____, _____, (____) _____ - _____, do hereby
City State Zip Code Phone Number

Request that following described information be released by Wadena County to me:

(Optional for Public Data) *Date of Request*
Signature of Person Making Request

**If the information requested is classified as and shall retain the classification of:
Private, Confidential, Nonpublic or Protected Nonpublic the below must be completed.**

Requester's identity verified by Driver's License (last four digits only): _____
Other form of Identification: _____

Request Received by: _____ Date: _____

Request is: ___Approved ___Denied ___Approved in Part

If denied or partial approval, state reason:

Copies provided? ___ Yes ___ No Number of Pages: _____ Cost of Copies Assessed: _____

Payment Received: _____ By Whom: _____

Date Received: _____