



**CLASSIFIED DATA REQUEST**  
**MINNESOTA GOVERNMENT DATA PRACTICES ACT**

**REQUESTER:** Complete this form and return it to the City of Eden Prairie, 8080 Mitchell Road, Eden Prairie, MN 55344. You may submit it via e-mail at [kporta@edenprairie.org](mailto:kporta@edenprairie.org) or in person or by U.S. Mail.

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

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

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

**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	Phone	Date
-----------	------------	-------	------

---

Street Address	City	State	Zip	Email
----------------	------	-------	-----	-------

Information Requested (Be specific as possible)

---

---

---

---

---

---

---

---

*Requester’s Signature: (If not the subject of the data requested, see note above.)*

**DEPARTMENT USE ONLY - Requester, please do not write below this line.**

Department \_\_\_\_\_ Handled by: \_\_\_\_\_

Fees Charged: \_\_\_\_\_

*If no fee is charged enter “None”*