

Requester

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

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

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.

Note: If the requester is not the data subject, 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.

Name	Last	First	M.I.	Date
Address	Street	City	State	Zip
Phone				

Information requested

Requester's signature: *If not the subject of the data requested, see note above.*

Department use only — Please do not fill below this line.

Note: Reasonable identification must be obtained from the person seeking this information.

Note: If data subject is a minor, consult Legal Department prior to release of information.

Department/division	Handled by
I.D. <input type="checkbox"/> Driver's license <input type="checkbox"/> State ID card <input type="checkbox"/> Notarized request	Requested by <input type="checkbox"/> Data subject <input type="checkbox"/> Not data subject See note above.
Data classification <i>If data classification is unknown, consult Legal Department.</i>	
<input type="checkbox"/> Public <input type="checkbox"/> Non-public <input type="checkbox"/> Confidential <input type="checkbox"/> Private	
Request <input type="checkbox"/> Approved <input type="checkbox"/> Approved in part <input type="checkbox"/> Denied	Authorized signature

Comments *Enter any appropriate remarks or comments. If data access is denied, cite authority or reason.*

Fees

Provide a receipt each time money is received.

Rate per page	25¢	X	Number of pages	=	\$	_____
			Other fees	+	\$	_____
			Subtotal	=	\$	_____
			Sales tax (7.275%)	+	\$	_____
			TOTAL DUE	=	\$	_____ <i>If over \$50, prepay 50%.</i>
			Amount prepaid	-	\$	_____ Date received _____
			Balance due	=	\$	_____ Date received _____

Code to: _____ - _____ - _____ - _____

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, a reasonable accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities.