



CITY of CRYSTAL

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**INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

A. Completed by Requestor

REQUESTOR NAME (Last, First Middle):	DATE OF REQUEST:
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CITY, STATE, ZIP CODE:	EMAIL ADDRESS:
DESCRIPTION OF THE INFORMATION REQUESTED:	
SIGNATURE:	

B. Completed by City

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INFORMATION CLASSIFIED AS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> NON-PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> PROTECTED NON-PUBLIC <input type="checkbox"/> CONFIDENTIAL	ACTION: <input type="checkbox"/> APPROVED <input type="checkbox"/> APPROVED IN PART (explain below) <input type="checkbox"/> DENIED (explain below)
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