

City of Otsego

Data Disclosure Request Form

TO BE COMPLETED BY REQUESTER:

Date: _____

Description of Data Request: _____

Note: You will be required to identify yourself and verify your identity if the data you request is classified as private.

TO BE COMPLETED BY DEPARTMENT:

Department Name: _____ Handled By: _____

Information classified as: (circle)

- Public
- Private
- Nonpublic
- Confidential
- Protected Nonpublic

Verification:

For private data, identification must be verified using a driver's license or state ID _____,
Comparison of requester's signature on file _____, or personal knowledge of identity _____.
Attach a copy if applicable.

Action:

_____ APPROVED
_____ APPROVED IN PART (Explain Below)
_____ DENIED (Explain Below)

Basis for denial or partial approval, including statutory section where applicable:

Fees: See Data Practices Policy for appropriate charges.

Total Charges: _____ Prepayment Required? Yes () No ()

Authorized Signature: _____ Date: _____