



## PUBLIC DATA REQUEST

Please complete this form to request data from the  
 City of Mora or Mora Municipal Utilities.  
 Return completed form to Natasha Segelstrom, City Clerk  
 City of Mora, 101 Lake Street South, Mora, MN 55051  
 Phone (320) 364-1173 Fax (320) 679-3862  
[n.segelstrom@cityofmora.com](mailto:n.segelstrom@cityofmora.com)

### Section A – Requestor Information (optional)

The City will not require you to identify yourself or ask why you want access to the public data. However, there may be times when it is not possible to access the data without identifying yourself. For example:

- You will need to identify yourself to make an appointment to inspect the data.
- You will need to identify yourself if you request that copies of the data be sent to you.

NAME OF REQUESTING INDIVIDUAL		TITLE	
PHONE	FAX	E-MAIL	
FIRM OR TRADE NAME			
MAILING ADDRESS			
CITY		STATE	ZIP

### Section B – Record(s) Requested

Describe the record you are requesting. Please be as specific as possible and include enough detail to assist staff in locating the record(s). For multiple records, attach additional pages.

DESCRIPTION OF RECORDS REQUESTED

### Section C – Receiving Record(s)

Please specify the delivery date desired and preferred method of receiving the requested record(s).

- |  |   |
|--|---|
| <input type="checkbox"/> I would like to receive the requested records no later than: _____ (DATE) | I prefer to receive the record(s)<br><input type="checkbox"/> By postal mail at the mailing address above<br><input type="checkbox"/> In person<br><input type="checkbox"/> By e-mail at the e-mail address above |
|--|---|

Have you contacted any other city employees or departments about this request? If so, please list.

OTHERS CONTACTED REGARDING THIS REQUEST

By signing below I certify that the information above is true and correct to the best of my knowledge and I understand there will be a minimum copy charge of 25 cents per page. Estimates will be provided for any additional fees that may apply based on the records requested.

SIGNATURE OF REQUESTING INDIVIDUAL (OPTIONAL)	DATE
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INTERNAL USE ONLY		
<b>Estimate</b>	<b>Payment Status</b>	<b>Request Status</b>
An estimate of \$ _____ (AMOUNT) was provided on _____ (DATE) by _____ (STAFF)	Amount received \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check _____ (NUMBER) <input type="checkbox"/> Other _____ (DETAIL)	<input type="checkbox"/> Data provided on _____ (DATE) <input type="checkbox"/> Data not provided – law excludes information request <input type="checkbox"/> Other _____ (DETAIL)