

A. REQUESTER COMPLETE (Items 1-5)

CITY OF SAINT PAUL

INFORMATION DISCLOSURE REQUEST & COPY CALCULATION FORM
Minnesota Government Data Practices Act

1. DATE OF REQUEST
8-23-11

2. REQUESTER NAME (Last, First, M)
Ehling, Matt - President

3. ADDRESS (if needed)
Public Records Medic, LLC

PHONE (if needed)

REQUESTER NOTE:

- A. Request Frequency — Private Data on individuals. After you have been shown the data and informed of its meaning, the data need not be disclosed to you six months thereafter unless a dispute or action is pending or additional data on you has been collected.
- B. You may be required to pay the actual costs of making, certifying and/or compiling the copies of information requested.

4. DESCRIPTION OF THE INFORMATION REQUESTED
See Data Practices request letter
LPR Data
Inspect → requested 92 pages, some 5⁺ were duplicates

5. REQUESTER SIGNATURE
X

B. DEPARTMENT/DIVISION COMPLETE

6. DEPARTMENT/DIVISION NAME
Support Services

7. REQUEST HANDLED BY
Sgt. Dan Malmgren

8. REQUEST TYPE
 In person Mail Phone

9. REQUESTED BY
 Subj. of the data Not the subj. of the data

10. THE INFORMATION REQUESTED IS CLASSIFIED
 PUBLIC NON-PUBLIC
 PRIVATE PROTECTED NON-PUBLIC
 CONFIDENTIAL

11. REQUEST
 Approved Denied Approved in part (explain in 13)

12. AUTHORIZED SIGNATURE
X Sgt. Dan Malmgren

13. REMARKS/COMMENTS (If requested data is classified so as to deny access to the requester cite authority or reason. Also enter any other remarks/comments appropriate).

C. DEPARTMENT/DIVISION COMPLETE WHEN FEES ARE ASSESSED

(Complete Photocopy line only for FLAT RATE)

ESTIMATED COST (Only Necessary for Prepaid)	ACTUAL COST
	21 ²⁵

1. Labor: _____ x _____
(NO. OF HOURS) (HOURLY RATE)

2. Photocopy: .25 x + 85 pages
(PHOTOCOPY RATE)* (NO. OF PAGES)

3. Mailing: _____

4. Publication Printing Cost: _____

5. Other costs, describe: (To include computer time, programming time, terminal access, video tapes, microfilming systems and any other costs not listed above.)

a. _____		
b. _____		
c. _____		
d. _____		

TOTAL CHARGES	\$	21 ²⁵
AMOUNT TO BE PREPAID (50% of EST. TOTAL if \$50 or over)	\$	<u>10.625</u>
RECEIPT #	AMOUNT DUE (Upon completion of copying)	\$

*See Admin. Manual for current rate.

PREPARER NAME
Sgt. Dan Malmgren

DEPT./DIV.
St Paul Police / Support Services

DATE
9-16-11