

DATA PRIVACY FORM
REQUEST FOR REVIEW OF PUBLIC RECORDS

I/We, the undersigned, are requesting permission to review the following government records held in the City of Falcon Heights:

Requestor's Information	
Name	
Address	
Phone:	Email
Organization Name	
Property Information	
Name of Homeowner	
Address	
Phone	Email

GOVERNMENT RECORDS (specify)

Signature

Date

FOR OFFICE USE	
Information Received/Sent:	
Designation for Requested Data: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non-Public <input type="checkbox"/> Confidential <input type="checkbox"/> Protected Non-Public	
City Staff Signature:	Date:
Approval by the City Administrator is necessary for any data determined not to be public.	
City Administrator Signature:	Date:

