

**CITY OF SHAKOPEE
INFORMATION DISCLOSURE REQUEST
Minnesota Government Data Practices Act**

Please provide contact information based on how you would like to receive your data. You may choose to have it emailed to you, sent by standard mail, or you can pick it up at City Hall.

NAME:	DATE OF REQUEST:
EMAIL:	PHONE:
STREET ADDRESS, CITY, STATE, ZIP:	
WOULD YOU PREFER TO RECEIVE YOUR DATA BY EMAIL, MAIL, OR AT CITY HALL?	
DESCRIPTION OF INFORMATION REQUESTED:	