

7700 Market Boulevard
P.O. Box 147, Chanhassen, MN 55317
Phone: (952) 227-1100 / Fax: (952) 227-1110



RELEASE OF INFORMATION REQUEST

Applicant Information

Name of Person requesting information: _____

Company Name (if applicable): _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Requested Information

| Description | Dates |
|-------------|-------|
| | |
| | |
| | |
| | |

Please check one:

- Review (no charge)
 Photocopy*
 Electronic copy* (provide email address: _____)

*The following charges apply for photo or electronic copies:

- 25¢ per one-sided copy (up to 100 pages); 50¢ per two-sided copy (up to 50 total pages)
- Over 100/50 total pages, or an electronic file, will be charged for the actual cost of compiling the information

Signature

By signing below I agree to the above terms, and will submit payment prior to receiving the requested information. Copying and review of the record(s) will be done by city staff within a reasonable time period of receiving this signed request.

Signature: _____ Date: _____

Printed Name: _____

Submit

Completed forms may be mailed or faxed to the attention of the Assistant City Manager at:

City of Chanhassen
PO Box 147
Chanhassen, MN 55317
Fax: 952-227-1110
Phone: 952-227-1118