



## 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
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### Section C – Receiving Record(s)

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

☐ I would like to receive the  
requested records no later than: \_\_\_\_\_  
(DATE)

I prefer to receive the record(s)  
☐ By postal mail at the mailing address above  
☐ In person  
☐ 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
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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		
Estimate	Payment Status	Request Status
An estimate of \$ _____ (AMOUNT)	Amount received \$ _____	<input type="checkbox"/> Data provided on _____ (DATE)
was provided on _____ (DATE)	<input type="checkbox"/> Cash <input type="checkbox"/> Check _____ (NUMBER)	<input type="checkbox"/> Data not provided – law excludes information request
by _____ (STAFF)	<input type="checkbox"/> Other _____ (DETAIL)	<input type="checkbox"/> Other _____ (DETAIL)