

**CITY OF WATERTOWN
DATA DISCLOSURE REQUEST**

A. Completed by Requester:

The following information is required to determine if the requested data are public or not public. If the data are not public, additional information may be requested to determine if you may have access to the data.

DESCRIPTION OF THE DATA REQUESTED	DATE REQUESTED

You are being asked to supply the following information that may be private or confidential data about yourself. The data will be used by this department and those employees whose job reasonably requires access to the data to determine if you have the right to access the requested data. The contact information will be used to let you know when the requested data are available. Refusal to supply the information may result in a delay of the availability of the requested data. If you refuse to supply the information then it is your responsibility to contact the necessary department to determine the status of the request.

REQUESTER NAME (Last, First, Middle)	
STREET ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE	SIGNATURE:

B. Completed by Department:

DEPARTMENT NAME:	HANDLED BY:
INFORMATION CLASSIFIED AS: PUBLIC NONPUBLIC PRIVATE PROTECTED NONPUBLIC CONFIDENTIAL	ACTION: APPROVED APPROVED IN PART (EXPLAIN) DENIED (EXPLAIN BELOW)
REMARKS OR BASIS FOR DENIAL INCLUDING STATUTE SECTION:	
PHOTOCOPYING CHARGES: If there is no charge leave blank. _____ Pages x _____ = _____	IDENTITY VERIFIED FOR PRIVATE DATA: Driver's License, State ID <input type="checkbox"/> Comparison/Signature on File <input type="checkbox"/> Other <input type="checkbox"/> (Attach copy of identification used)
Authorized Signature:	Date:

