

CITY OF RED WING
GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTES 13.05 SUBD. 4
MINNESOTA DATA PRACTICES ACT

TO: City of Red Wing Police Department
Minnesota Bureau of Criminal Apprehension

List agencies to contact if from other cities and/or states

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I, _____, hereby authorize and grant my informed consent to permit you to release to and make available to the City of Red Wing, Minnesota, and/or its agents and/or representatives any and all data classified as public or private that concerns me and that may be in your possession. The data that I authorize to be released consists of public or private data as defined by Minnesota Statute 13.02, that has been collected by you as a result of my contacts and associations with you and/or your representatives. The information for which release is authorized includes ALL data that has been collected, created, received, retained or disseminated in whatever form that in anyway relates to my dealings with you and your agency. I understand that the purpose of permitting the City of Red Wing to have access to this information is to determine my suitability to obtain and possess a business license within the City of Red Wing pursuant to provisions of City of Red Wing Ordinances. I further understand that this information may subsequently be used for other purposes relating to my application for a business license within the City of Red Wing, including verification of my records and information contained in the license application.

By signing this authorization, I release the Minnesota Bureau of Criminal Apprehension and any other entity listed above from any and all liability that may otherwise or does accrue as a result of the release of any or all data, regardless of accuracy. I also release the City of Red Wing from any and all liability for its receipt and use of data pursuant to this consent.

This authorization shall be valid for a period of one (1) year; however, I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Red Wing or to you of that fact.

A photocopy, fax or reproduction of this authorization and release in any form shall be granted the same authority as an original document.

(Signature of Applicant)

(Date)

(Full Printed Name - First, Middle, Last)

(Date of Birth - Month, Day, Year)

Subscribed and sworn to before me this _____ day of _____, 20__ .

_____, Notary Public

Notary Seal:

(over.....)

RIGHTS OF SUBJECTS OF GOVERNMENT DATA

"TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Red Wing is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC- NAME AND ADDRESS OF APPLICANT(S)

PRIVATE- ALL OTHER INFORMATION COLLECTED AT THE TIME OF APPLICATION; ALL INFORMATION BECOMES PUBLIC AFTER APPROVAL OF THE APPLICATION

The information collected and required from you is to determine your eligibility for a City of Red Wing regulatory license. If you do not supply the required information, the City of Red Wing will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of regulatory licenses. Persons or agencies with whom this information may be shared include:

CITY AND COUNTY PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY~ CITY COUNCIL MEMBERS TO APPROVE THE APPLICATION~ CONTRACTED PUBLIC AUDITORS AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.

THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.

THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

To exercise these rights, contact the City Clerk's Office, Second Floor, City Hall, 315 W.4th St., Red Wing, MN 55066

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)

(Date)