

I, _____, hereby acknowledge receipt of the following private or confidential data:

This information will be used to prepare the following summary data: _____

I, _____, understand that I may be subject to the civil or criminal penalty provisions of the Minnesota Data Practices Act in the event that the private or confidential data is disclosed sufficiently to uniquely identify individual data subjects.

*Minnesota Statute 13.08 entitled **Civil Remedies** provides in part that any political subdivision, responsible authority or state agency which violates any provision of this chapter is liable to the person who suffers any damage as a result of the violation. The person damaged may also bring an action to cover any damages sustained, plus costs and reasonable attorney fees. In the case of a willful violation, exemplary damages of not less than \$100.00, nor more than \$10,000.00 for each violation may be assessed.*

*Minnesota Statute 13.09 entitled **Penalties** provides in part that any person who willfully violates the provisions of 13.02 to 13.04 or any rules or regulations promulgated thereunder is guilty of a misdemeanor which is punishable by a maximum fine of \$1,000.00 and/or 90 days in jail.*

“I hereby agree not to disclose data in any form that would identify or tend to identify an individual. I also agree to defend and indemnify the city of Bloomington and any of its employees in any legal action brought as a result of my having access to private or confidential data.”

Dated _____

Signature of requester/preparer

Street address

City, State, Zip

Dated _____

Responsible authority or designee

The City of Bloomington does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs or activities. Upon request, a reasonable accommodation will be provided to allow individuals with disabilities to participate in all City of Bloomington services, programs, and activities.