

Fax # 507-831-6127

City of Windom
PO Box 38, 444 9th Street
Windom, MN 56101
507-831-6129

Informed Consent Form

Date: _____

The following named individual has made application with this agency for a Business Solicitation Permit.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full)(please print):

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex (M or F): _____
Month/Day/Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to City of Windom for the purpose of obtaining a Business Solicitation Permit with this agency.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant _____ Date _____