



Amendment to Domestic Partnership Registration

City of Richfield | 6700 Portland Avenue S | Richfield, MN 55423 | 612-861-9700 | www.richfieldmn.gov

Previous Applicant Information

Date:			
Partner 1:	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Partner 2:	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	<i>Street Address</i>		<i>Apartment/Unit #</i>
City		<i>State</i>	<i>ZIP Code</i>

Reason(s) for Amendment of Registration:

Signatures *This form must be signed in front of a notary public.*

I hereby certify that the information given is complete and accurate:

Partner 1 Signature:	
Partner 2 Signature:	

Notary Signature

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____, 20____.
My Commission expires on _____.

Seal

Data Practices Act Notification

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Richfield. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Richfield is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Richfield City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. **Please sign below to indicate you have read this notice.**

Signature	Signature
I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:	
Address:	Phone Number:

OFFICE USE ONLY
Date Received _____
Effective Date _____

(This form is not to be used to replace one of the registered partners with a different individual.)