



Release of Owner Records Authorization Form

I hereby authorize the following **Real Estate/Title Company** and its agents, employees and/or designated representatives to obtain information relative to my account. Including my account balance/breakdown and other information required to complete the sale or transfer of my property:

Release Records to: _____
(Name of Agent, employee, or representative)

Telephone Number: _____

Owner(s) Name: _____

Section/Lot #: _____

Street Name: _____

Telephone Number: _____

Purpose of Disclosure: _____

Anticipated date of closing: _____

Indicate which request:

- | | | |
|--------------------------|---|----------------------------|
| <input type="checkbox"/> | Account Balance Request | \$25.00 |
| <input type="checkbox"/> | Resale Certificate Request -
Please provide email address: _____ | \$250.00 (Electronic Copy) |
| <input type="checkbox"/> | Resale Certificate Request | \$260.00 (Hard Copy) |

I understand that I may revoke the Authorization of my records at any time, but that my revocation will not have any effect on the action taken by the above mentioned company, agents, employees or representatives.

If at any time I desire to revoke this authorization, notice must be submitted to the BMLC Office in writing.

Owner Signature: _____ DATE _____

**PLEASE FAX REQUEST TO (570) 300-1714 OR EMAIL TO:
yvonnnet@preferredmanagement.org**