

AUTHORIZATION TO RELEASE INFORMATION TO THIRD PARTY [IES]

[This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose]

As required by the Fair Debt Collection Practice Act, please accept this as the undersigned's consent for The Law Office of Bakalar & Associates, P.A. ("BAKALAR") to provide information to third parties (for example, Realtors and/or title companies, attorneys or other parties as designated below) who are working on behalf of the undersigned pertaining to any purported debt for which BAKALAR has been retained to collect, including without limitation, information pertaining to the payoff or negotiation of any outstanding debt.

I/We the undersigned hereby permit BAKALAR to speak with the following parties in connection with my/our account related to the property noted below (please complete items 1 thru 4 below). If BAKALAR is unable to read or verify the information listed, I/we understand that information requested may be withheld or delayed.

Bakalar & Associates, P. A. File Number (if known): _____



| <u>Approved Contacts:</u> | <u>Phone Number(s):</u> | <u>Email Address:</u> |
|----------------------------------|--------------------------------|------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Address of Subject Property:

(Please Legibly Print Street Address Above)

City State Zip Code

Owner(s) of Subject Property:

| | |
|---|---|
| _____  | _____  |
| (Please SIGN full name above) | (Please SIGN full name above) |
| _____ | _____ |
| (Please PRINT full name above) | (Please PRINT full name above) |
| _____ | _____ |
| (Please PRINT contact phone number) | (Please PRINT contact phone number) |

4 Dated this _____ day of _____, 20____ Dated this _____ day of _____, 20____