

AUTHORIZATION TO RELEASE INFORMATION

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 designed 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 account related to the property noted below (please print legibly since if we are unable to verify any of the named individual(s) or company(ies) listed below, information requested may be withheld.

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

Approved Contacts:

Phone Number:

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

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)

Dated this _____ day of _____, 20____

Dated this _____ day of _____, 20____