



**APPLICATION FOR RELEASE OF INFORMATION  
STREET OR OCCUPANCY FILE**

**NAME:** \_\_\_\_\_

**REPRESENTING:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

STREET

CITY

ZIP

**TELEPHONE:** (\_\_\_\_\_) \_\_\_\_\_

**STREET ADDRESS OF FILE(S) FOR REVIEW**

1.
2.
3.
4.
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10.
11.
12.

Please briefly explain your purpose for reviewing these files:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X

APPLICANT SIGNATURE

X

DATE