

AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

(Middle)

(First)

Name: ___

(Last)

___Date of Birth:_____

My Commission Expires		
	Notary Public	
Subscribed and sworn to before me this		
County of)		
State of) ss.		
Signature	_	Date
MUST BE SIGNED IN THE PRESENCE (OF A NOTARY	
A photocopy of this signed authorization for	rm will be considered valid as	an original hereof.
I agree to indemnify and hold harmless the pagents, employees, from and against all clair reasonable attorney's fees, arising out of or	ms, damages, losses and exper	ises, including
I understand that all information obtained by is developed directly or indirectly, in whole considered in determining my suitability for Town of Breckenridge Local Licensing Aut and its Local Licensing Authority to discuss my financial, moral, educational, and character or records obtained by the Town may becompublic.	or in part, upon this release audicensing by the Town of Brechority. I further authorize the standard in a public forum, any and aleter qualifications. I understand	thorization will be ckenridge and by the Γown of Breckenridge I findings regarding d that any information
The intent of this authorization is to give my consent for full and complete disclosure of a) the records of financial or credit institutions, including records of deposit, withdrawals, balances, loans, and also records of commercial or retail credit agencies; b) real and personal property tax statements and records, and other financial statements and records wherever filed; c) records of complaint, arrest, trial, and/or convictions for alleged or actual violations of the law, including criminal, civil and/or traffic records wheresoever located.		
I do hereby authorize a review and full disclosure of all records specified below, or any part thereof, concerning myself, by and to ANY duly authorized employee of the Town of Breckenridge, whether the said records are of public, private, or confidential nature.		