



## AUTHORIZATION TO FURNISH & RELEASE INFORMATION

Parcel Number: \_\_\_\_\_

Date: \_\_\_\_\_

Customer Name(s): \_\_\_\_\_

Property Address:  
\_\_\_\_\_  
\_\_\_\_\_

I/We, \_\_\_\_\_ (customer name[s]), currently residing at \_\_\_\_\_ (current address), County of Butler, State of Pennsylvania, hereby authorize the Housing and Redevelopment Authorities of the County of Butler to release, furnish, and provide information related to my/our property \_\_\_\_\_ (parcel number) to:

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("Third Party") (Include the name, address, and telephone number of the Third Party).

*Please complete if applicable: If the Third Party listed above is a counseling organization, corporation, law firm, or entity other than a natural person, you may provide the name(s) of the specific individual(s) working for the Third Party to whom the Housing and Redevelopment Authorities of the County of Butler is authorized to release information. If no individuals are specified below, and your authorization is not otherwise restricted, your authorization will be applied to your entire file and the entire entity.*

I/We authorize the Housing and Redevelopment Authorities of the County of Butler to provide my/our information to the following individual(s) at the Third Party:

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The Housing and Redevelopment Authorities of the County of Butler will take reasonable steps to authenticate the identity of the Third Party authorized above; however, we will not have any liability if we decline to release your account information because we are unable to authenticate the true identity of the authorized requestor seeking account information. This authorization will remain valid until revoked. To revoke your authorization, please write or call us using the contact information below.

I/We hereby indemnify and forever hold The Housing and Redevelopment Authorities of the County of Butler harmless from any and all actions and causes of actions, suits, claims, attorney's fees, or demands against the Housing and Redevelopment Authorities of the County of Butler,

which I/we and/or my/our heirs may have resulting from the Housing and Redevelopment Authorities of the County of Butler discussing, or declining to discuss, my/our mortgage/ lien with the above-named request or person identifying himself/herself to be that requestor, or resulting from providing, or declining to provide, any documents or other information concerning the account to the requestor.

Signed by:

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(Signature)

(Date)

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(Printed Name)

Signed by:

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(Signature)

(Date)

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(Printed Name)