



DeKalb County Community Development Senior Tree Removal Program Authorization to Release Information

Name of Homeowner: _____

Address: _____

I hereby authorize the **DeKalb County Community Development Department** to obtain information regarding the following:

- Income
- Employment
- Mortgage/Loan Information

I understand that a credit bureau report may also be required for the Human and Community Development Department representatives to determine program eligibility and that an additional signed authorization may be required by a third party agency.

I understand that my authorization will remain in effect for one (3) year from the date of my signature, and that the information will be handled confidentially in compliance with all applicable laws.

I understand that I may see the information that is to be sent and that I may revoke this authorization at any time by written, dated communication.

I have read and understand the nature of this release.

Signature of Homeowner

Date

Printed Name of Homeowner (First Name, MI, Last Name)

Signature of Witness

Printed Name of Witness (First Name, MI, Last Name)