

Request for Release of Confidential Personal Information

I hereby request copies of the following information from the Auditor's Office:

For the dates of: _____

I understand this request requires a signed consent from the person whose information I am requesting and that they agree to allow the Auditor's office to view and release confidential personal information to me or my designated party. This personal information may include social security numbers, state ID numbers, driver license numbers, federal tax ID numbers, bank account numbers, bank account routing numbers, vendor account numbers and credit or debit card numbers.

I understand there is a fee is \$0.25 per page to be paid on receipt of information.

Printed name of the requestor of confidential personal information

Address City State Zip code

Phone Number

I give my full consent to release my confidential personal information to the requestor above.

Signature to release my personal information

Date

Printed Name

Address City State Zip code

Phone Number

Auditor's Office Use only:

Employee completing request: _____

Date information sent: _____

Forward this original form to Fiscal Officer after information sent