



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

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

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

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

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

STREET ADDRESS OF FILE(S) FOR REVIEW

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Please briefly explain your purpose for reviewing these files:

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

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE