

Attachment IV

Date _____

To Whom it May Concern,

I hereby authorize any and all of my creditors, their representatives or agents to disclose information concerning my obligation and account condition to the City of Mansfield, Community Development Department or a designee of the City of Mansfield Community Development Department.

A photocopy of this authorization is as valid as the original.

Signed this _____ day of _____, 20____.

Client: _____

Client: _____

Representative and Title: _____