

AUTHORIZATION TO RELEASE INFORMATION FORM¹

Homeowner Name:	Date:
Property Address:	
Mailing Address:	
Association Name:	
Homeowner Phone ² :	
with the authorized individual(s)/compar	vices, Inc. ("NAS") to send, correspond, and/or communicate ny(ies) identified below (the "Authorized Individuals") and account/information for the account associated with the above viduals.
Homeowner Signature:	Date:
the account associated with the Subject	e release of any information concerning the homeowner or ct Property. By authorizing the release of information, s against NAS in association with the content or release of
Authorized Individual Name(s):	
Authorized Individual Company:	
Authorized Individual Address:	
Authorized Individual Phone Number ² :	
Authorized Individual Email ² :	

¹ NAS requires a copy of a valid government issued ID to accompany this form for verification purposes.

² Homeowner is consenting to, authorizing, and directing Nevada Association Service, Inc. to utilize the phone number and email address provided to communicate with homeowner or Authorized Individuals regarding homeowner's debt. Such consent, authorization, and direction shall remain valid until Nevada Association Service, Inc. receives revocation of consent, authorization, and direction in writing from homeowner.

Nevada Association Services, Inc. is a debt collector and is attempting to collect a debt. Any information obtained will be used for that purpose. Please be advised that this document constitutes neither a demand for payment of the referenced debt nor a notice of personal liability ton any recipient thereof who might have received a discharge of such debt in accordance with applicable bankruptcy laws. This notice is being sent to comply with applicable state laws governing foreclosure of liens pursuant to Chapter 116 of Nevada Revised Statutes.