



TOWN OF FLAGLER

Office of the Clerk

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Date: _____

To: Town Clerk

As an applicant for the land offered by the Town of Flagler, I hereby give the following information to the Town of Flagler. This information will be used by the Town of Flagler or an agent of the Town of Flagler to verify financial credibility of the applicant.

Please be advised, this letter serves as my/our authorization for the release of credit history information of your firm. Thank you for your cooperation in this matter.

Doris King
Town Clerk
Town of Flagler, CO

Corporate ID#

Federal ID# (EIN)

Applicant Printed Name

Co-Applicant Printed Name

Applicant Signature

Co-Applicant Signature

Applicant Social Security Number

Co-Applicant Social Security Number

Address Line 1

Address Line 1

Address Line 2

Address Line 2

Phone Number

Phone Number

311 Main Avenue, PO Box 126
Flagler Colorado 80815-0126

Telephone: 719-765-4571

Facsimile: 719-765-4498