



Atlas Property Management Services, Inc.

1450 NW 87th Avenue Suite 204

Doral, Florida 33172

Phone 305-715-2801

Fax 305-715-2802

Website www.apmsi.com

Fernwoods Lakeview Condominium Association #1, Inc.

Dear Applicant(s),

This Authorization to Release Information Form will only be used to confirm information given by you on your attached Purchase/Rental/Lease Application. We will verify and obtain information from your employers, banks, financial institutions and credit institutions that require your authorization via your printed name(s) and signature(s) on this form.

**AUTHORIZATION TO RELEASE MY (OUR)
EMPLOYMENT, BANKING, CREDIT AND RESIDENCE INFORMATION**

The requested information will be used in reference to my (our) Purchase/Rental/Lease Application.

I (We) hereby authorize you to release any and all information concerning my (our) Employment, Banking, Credit and Residence to:

Atlas Property Management Services, Inc.

1450 NW 87th Avenue Suite 204

Doral, Florida 33172

I (We) hereby authorize Atlas Property Management Services, Inc. to investigate all statements contained in my (our) application as may be necessary. I (We) understand that I (we) hereby waive any privileges I (we) may have regarding the requested information by releasing it to the above named party. A copy of this form may be used in lieu of the original.

Sincerely,

Applicant -1- Printed Name

Applicant -1- Signature

Date

Applicant -2- Printed Name

Applicant -2- Signature

Date

Applicant -3- Printed Name

Applicant -3- Signature

Date

Professionalism, Service, Integrity

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