

TAX RECORDS RELEASE AUTHORIZATION

Dated: ____ / ____ / ____

To: _____

I, _____, having employed the legal services of _____,
hereby authorize the bearer of this document (or a photocopy of same) to release to
_____, ESQUIRE, any and all tax related records his office has requested.

Social Security Number _____

Date of Birth: _____

Mailing Address:

Physical Address:

