



COUNTY EXECUTIVE OFFICE | REVENUE SERVICES DIVISION

10810 Justice Center Drive, Suite 100, Roseville, California 95678

Phone: (916) 543-3900 ▪ Fax: (916) 543-3910 ▪ Pay by Phone: (844) 836-9724

www.placer.ca.gov/revenue

Date: _____

Name: _____

Account #: _____

**** CONSENT TO RELEASE INFORMATION TO FAMILY MEMBERS AND/OR FRIENDS ****

With the increasing awareness of an individuals right to privacy and confidentiality, written authorization is required for Placer County Executive Office, Revenue Services Division staff to discuss an account with a third party.

Please Complete ONE OF THE THREE OPTIONS LISTED.

1. ____ Do not discuss my account with anyone. If you choose this option, STOP HERE. Then sign and date at the bottom.

2. ____ No restrictions (may discuss my account with anyone). If you choose this option, STOP HERE. Then sign and date at the bottom.

3. ____ I, _____ Give Revenue Services and office staff authorization to discuss my account with the following individuals:

WITH _____

WHO IS _____ AT _____
(RELATIONSHIP) (PHONE NUMBER)

PASSWORD _____ (MAXIMUM 5 CHARACTERS)
(OPTIONAL)

AND/OR

WITH _____

WHO IS _____ AT _____
(RELATIONSHIP) (PHONE NUMBER)

PASSWORD _____ (MAXIMUM 5 CHARACTERS)
(OPTIONAL)

THIS CONSENT IS IN FORCE INDEFINITELY UNLESS YOU FILL IN AN EXPIRATION DATE OR YOU REVOKE THIS CONSENT IN WRITING.

SIGNATURE DATE
CONSENT EXPIRATION DATE (IF ANY) _____