

Authorization to Release Information
City of Royal Oak

I, _____, whose residence address is _____

am making application to conduct business in the City of Royal Oak at:

_____ Name and address where business in the business will be conducted.

I hereby give my consent and permission to release any record, report, or information pertinent I may have to the City of Royal to obtain a business license.

Date: _____

Signature: _____

Date of Birth: _____

Social Security Number: _____

The person whose signature appears above personally appeared before the undersigned, a Notary Public in and for the above named County and State, the day and date named, and acknowledged the execution of the foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purposes therein set forth, that they are duly authorized to execute the instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

_____ Signature of Notary Public

A Notary in and for _____ County

State of _____

My commission expires: _____