## RIO VISTA COMMUNITY ASSOCIATION

## THIRD PARTY AUTHORIZATION and AGREEMENT to RELEASE

I/we, the undersigned do hereby authorize RIO VISTA COMMUNITY ASSOCIATION to release or otherwise provide to:

| Title:   | Name:   |
|--|---|
| Public and non-public personal or business information contained in my association records, whether financial, administrative, or otherwise, including account history, account balance and account obligations(s).  I/we do hereby indemnify and forever hold harmless Rio Vista Community Association, its employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association and/or providing any information concerning my account to the party listed above.  Facsimile, digital, or photostatic copies of this Authorization will be considered as valid as the original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:  Property Address:             | Title: Company:   |
| Public and non-public personal or business information contained in my association records, whether financial, administrative, or otherwise, including account history, account balance and account obligations(s).  I/we do hereby indemnify and forever hold harmless Rio Vista Community Association, its employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association and/or providing any information concerning my account to the party listed above.  Facsimile, digital, or photostatic copies of this Authorization will be considered as valid as the original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:  Lot/Tract:  Property Address: | Address:  |
| whether financial, administrative, or otherwise, including account history, account balance and account obligations(s).  I/we do hereby indemnify and forever hold harmless Rio Vista Community Association, its employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association and/or providing any information concerning my account to the party listed above.  Facsimile, digital, or photostatic copies of this Authorization will be considered as valid as the original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:  Lot/Tract:  Lot/Tract:  | Contact Number: Fax Number:   |
| whether financial, administrative, or otherwise, including account history, account balance and account obligations(s).  I/we do hereby indemnify and forever hold harmless Rio Vista Community Association, its employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association and/or providing any information concerning my account to the party listed above.  Facsimile, digital, or photostatic copies of this Authorization will be considered as valid as the original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:  Lot/Tract:  Lot/Tract:  |   |
| employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association and/or providing any information concerning my account to the party listed above.  Facsimile, digital, or photostatic copies of this Authorization will be considered as valid as the original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:  Lot/Tract:  Lot/Tract:   | whether financial, administrative, or otherwise, including account history, account balance and   |
| Original. All authorizations are subject to verification.  I understand that this authorization may be revoked in writing at any time, except to the extent that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:   | employees, agents, officers, or anyone charged with carrying out this release, from all actions and causes of actions, suits, claims, attorneys fees, or demands against Rio Vista Community Association which I/we and/or my successors, assignees, or others may have resulting from Rio Vista Community Association discussing my account with the Rio Vista Community Association |
| that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that I have a right to receive a copy of this authorization upon my request.  Name:  Company:  Property Address:  Lot/Tract:   |   |
| Company: Property Address:  Lot/Tract:   | that action has been taken in reliance on this authorization. Unless otherwise revoked, this authorization will remain effective 180 days from the date of this authorization. I understand that  |
| Lot/Tract:   | Name:   |
|  | Company: Property Address:  |
| Signature: Date:   | Lot/Tract:  |
|  | Signature: Date:  |

Please return this Authorization via email or to the address referenced below.