



Authorization To Release Confidential Information

I, the undersigned owner(s) of the subject property listed below, hereby authorize Assurance Title Services, Inc., as my title agent to request and receive written confidential information regarding my Mortgage(s), Municipal information, Utility Information and any Judgment payoff information, if applicable on my behalf.

Property Owner: _____ S.S. # _____

Property Owner: _____ S.S. # _____

Property Address: _____

_____ at _____
(Loan Number) (Lending Institution)

_____ at _____
(Loan Number) (Lending Institution)

_____ at _____
(Loan Number) (Lending Institution)

_____ at _____
(Loan Number) (Lending Institution)

Case No. _____ Judgment Creditor: _____

Case No. _____ Judgment Creditor: _____

Case No. _____ Judgment Creditor: _____

Case No. _____ Judgment Creditor: _____

To: (Insert Name of Municipality):

I, the undersigned owner give consent and authorize the above municipality to release all my customer information for public utilities, including final billing information to Assurance Title Services, Inc., as my agent, as defined under Wis. Stats. SS196.137, known as Wisconsin Act 25.

By signing this Authorization To Release Confidential Information, I request that the above information be forwarded to Assurance Title Services, Inc., via fax or email to: Fax: (920) 235-2122 Email: closings@assurance-title.com to expedite a real estate sale and/or refinance.

Signed:

Property Owner (Date) Property Owner (Date)