

Authorization to Release Information

Property Address

Listing Agent/Broker

Resort Properties of the Pacific, P.O. Box 223143, Princeville, HI 96722

Agent Name _____ email _____

Telephone 808-826-4280 Fax 808-748-0800 Cell phone _____

Title and Escrow Company

Title and Escrow _____

Escrow number _____ Escrow Officer _____

Property Owner

Name(s) _____

Contact _____

I (we) hereby authorize _____ of Resort Properties of the Pacific and _____ of _____ Title Company to verify any and all information pertaining to mortgage(s) on above referenced property. Additionally, I (we) hereby authorize release of financial information including home owner's association, taxes and other encumbrances.

1st Mortgage

Mortgage Company

Account Number

Phone number

Fax number

Address

City, State, Zip

Loss Mitigation Contact

email phone number

2nd Mortgage (if applicable)

_____	_____
<i>Mortgage Company</i>	<i>Account Number</i>
_____	_____
<i>Phone number</i>	<i>Fax number</i>
_____	_____
<i>Address</i>	<i>City, State, Zip</i>
_____	_____
<i>Loss Mitigation Contact</i>	<i>email phone number</i>

Home Owner's Association (if applicable)

_____	_____
<i>Home Owner's Association</i>	<i>Account Number</i>
_____	_____
<i>Phone number</i>	<i>Fax number</i>
_____	_____
<i>Address</i>	<i>City, State, Zip</i>

Note: It is understood that a signed photocopy or facsimile of this form will also serve as authorization.

Authorized by

_____	_____
<i>Name</i>	<i>Date</i>
_____	_____
<i>Name</i>	<i>Date</i>