

Tax Information Disclosure Authorization

_____ (The "Applicant") hereby irrevocably authorizes the City of Mansfield Income Tax Director , or any agent designated by the City of Mansfield Income Tax Director, from the date below until _____ , to disclose to the City of Mansfield Community Development Department or any designated employee of the Director of Community Development the amounts of any or all outstanding, liabilities for corporation income tax, individual income tax, or employer withholding tax, which are currently unpaid.

The Applicant expressly waives notice of the disclosure(s) to the City of Mansfield Community Development Department by either the Income Tax Director of the City of Mansfield or by any agent designated by the Income Tax Director of the City of Mansfield. The Application expressly waives the confidentiality provisions of the Ohio law, which would otherwise prohibit disclosure and agrees to hold the City of Mansfield and its employees harmless with respect to the limited disclosure authorized herein.

This authorization is to be liberally interpreted and construed; any ambiguity shall be resolved in favor of the Income Tax Department of the City of Mansfield.

This authorization is binding on any and all heirs, beneficiaries, survivors, assigns, executors, administrators, successors, receivers, trustees or other fiduciaries.

A photocopy of this authorization is as valid as the original.

X

Name of Applicant (Including any DBA)

By: _____

Title: _____

Officer or Director

Date: _____