



**FRANK HAJEK & ASSOCIATES, P.A.**

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CERTIFIED PUBLIC  
ACCOUNTANTS

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I (we)

Business entity \_\_\_\_\_

Individuals name(s) \_\_\_\_\_

authorize the firm of Frank Hajek & Associates, P.A. to release the following information:

Tax Return  Year

Financial Statements  Period

Other (specify) \_\_\_\_\_

This information is to be released to: \_\_\_\_\_

By: \_\_\_\_\_

Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Mail Address \_\_\_\_\_

Other \_\_\_\_\_

The purpose for which this consent is being furnished is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information furnished is to be used only for the stated above purpose, and is not to be furnished to any other source other than the one listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title (if applicable)