

OPERATION RESTORATION
LETTER OF AUTHORIZATION

Borrower(s), please fill in name(s) of person(s) you are authorizing to speak on your behalf.

To Whom It May Concern:

Re: account: # _____ and property located at
(Loan Number)

Property Address:

_____ (Street)

_____ (City, State, Zip)

I authorize _____ to speak to, and release information to:
(Name Institution/Service)

(Name of Person Being Authorized)

(Phone number of Person Being Authorized)

If you have any questions, please contact me (us) at _____
(Borrower Contact Numbers)

and email _____.
(Borrower Email Address, if available)

This authorization is valid until _____, 2012.
(Borrowers, give 6 months)

Operation Restoration's corporate address is 863 Ormewood Avenue SE, Atlanta, GA 30316. Phone: 404-963-1082. Email address: hope@OperationRest.org. (TIN 3834)

Sincerely,

Social Security #

Borrower Name (Printed)

Borrower Signature

Date

SS #

Co-Borrower Name (Printed)

Co-Borrower Signature

Date

SS #

Co-Borrower Name (Printed)

Co-Borrower Signature

Date

SS #