



PO Box 457 303-838-6033
Pine, CO 80470 303-838-2291 Fax
shirleyseptic@aol.com

Waiver: Release of Information Form

Shirley Septic Pumping, Inc requires your written permission before it can release specific information to third parties. This waiver is in effect until you withdraw your permission, in writing, to Shirley Septic Pumping, Inc.

General Information
(Please print)

Name:

Last First Middle

Inspection Address:

City/Town State Postal/Zip

PERMISSION

I hereby authorize Shirley Septic Pumping, Inc to release to the third party(ies) below the FULL INSPECTION and PUMP RESULTS regarding the above mentioned address.

Please list whom you are allowing Shirley Septic Pumping, Inc to provide information to regarding the above property (i.e. Sellers Agent, Buyers Agent, Listing Agent, Buyers, Sellers,etc) :

Signature: _____ **Date:** _____