



Volusia County Office of Recovery and Resiliency
123 West Indiana Avenue, Room 101
DeLand, FL 32724

REVOCATION OF DESIGNEE AUTHORIZATION LETTER

Case # _____

I, _____ born on ____/____/____
(Name of Client/Applicant) **(mo/date/year)**

hereby revoke the authorization, provided on _____, for
(Date of Authorization)

_____/_____/_____
(Authorized Party) **(Relationship)** **(Driver's License #)**

To act on my behalf to disclose any necessary documentation to the Volusia County Office of Recovery and Resiliency, its programs, initiatives, and any individuals representing the various organizations and agencies offering to assist in disaster relief. I certify under penalty of perjury that the foregoing information is true and correct and that this declaration was executed on _____.

I understand that by signing this form no further information will be released to the above-mentioned agencies or its designees. I have read this "Revocation of Authorization Letter" and consent to cease all further release of information, and I understand the consequences of revoking my consent of authorization.

Revoked by _____, on _____
(Signature of Client/Applicant or Co-Applicant Revoking Consent) **Date**

Witnessed by _____, on _____
(Signature of Project Coordinator) **Date**