



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

**COMMUNICATION DESIGNEE AUTHORIZATION LETTER**

Case # \_\_\_\_\_

I, \_\_\_\_\_ born on \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Name of Client/Applicant) mo/date/year

hereby consent for \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(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 reserve the right to revoke this consent at any time, so that no further information will be released to the above-mentioned agencies or its designees. Failure to sign this release may limit the Volusia County Office of Recovery and Resiliency, the Single-Family Housing Rehabilitation and Reconstruction Program, and all partner organizations the ability to advocate on your behalf. I have read this "Authorization Letter" and consent for release of information, and I understand the consequences of authorizing this release of information.

Consented by \_\_\_\_\_, on \_\_\_\_\_  
(Signature of Client/Applicant or Co-Applicant Providing Consent) Date

Accepted by \_\_\_\_\_, on \_\_\_\_\_  
(Signature of Authorized Designee) Date