

Colorado Division of Gaming

**AUTHORIZATION FOR DISCLOSURE
FOR COLORADO DEPARTMENT OF REVENUE**

Printed Full Legal Name (Last, First, Middle)

Social Security Number

Printed Full Legal Name and Social Security Number of Person(s) You Have Filed a Joint State Tax Return Within Past 5 Years

I/We do hereby appoint a duly authorized agent of the Colorado Division of Gaming as my/our lawful attorney in fact to request, review, receive, copy and use for licensing or regulatory purposes confidential tax information and records from the Colorado Department of Revenue relating to me/us. This power of attorney ends twenty-four (24) months from the date of execution.

Signature of Applicant (Must be signed in front of two witnesses)

Dated this _____ day of _____ 20____ at _____, _____, _____
(day) (month) (year) (time) (city) (state)

| | |
|---------------------|---------------------|
| Witness 1 Signature | Witness 2 Signature |
|---------------------|---------------------|

IF YOU FILED JOINTLY, THE JOINT ACCOUNT HOLDER MUST SIGN BELOW

Signature of Joint Account Holder (Must be signed in front of two witnesses)

Dated this _____ day of _____ 20____ at _____, _____, _____
(day) (month) (year) (time) (city) (state)

| | |
|---------------------|---------------------|
| Witness 1 Signature | Witness 2 Signature |
|---------------------|---------------------|