

ADVOCATE CONSENT FORM

I have been advised that this consent form is to enable Alice Sun , Town of Bedford duly authorized Fair Housing Officer, to communicate with the following and release any relevant information regarding my housing discrimination complaint filed with the Town of Bedford:

(Insert names of parties identified on Discrimination Complaint form)

Name:	Name:
Company:	Company:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:

I understand signing this consent form is completely voluntary. Further, I understand I have the right to see this information at any time. I understand that I can revoke this consent in writing to both the person giving and the person receiving the information. Any information already released may be used as stated on the consent. I understand the requested or provided information is needed understand the housing discrimination complaint filed by me with the Town of Bedford.

Further, I understand that by undersigning below, I agree to indemnify and hold harmless the Town of Bedford, and any or all authorized agents of the Town, against any and all claims, consequences, if any, which may arise from or relate to the actions undertaken under this Advocacy Consent.

This consent is valid only until: _____(Date Consent Expires). This consent is not automatically renewable. It expires automatically at the end of the period specified unless revoked in writing sooner.

By my signature below, I affirm that I have read this release or it has been read to me, and I understand its content.

Signature Date

Printed Name: _____

Current Street Address: Daytime Phone Number(s):

Email Address: _____

Consent Witnessed By:

Signature

Printed Name Date