

WAIVER OF CONFIDENTIALITY

Parcel Number #: _____

Property Address: _____

I (we), _____, hereby consent to the examination of copies of my tax returns and related financial documents, **including but not limited to those listed below**, by the Township of Greenwood Assessor and or designate agent and by the members of Greenwood Township Board of Review:

- Federal Income Tax Returns
- Michigan Income Tax Returns
- Senior Citizens Homestead Property Tax Form
- General Homestead Property Tax Claim Form
- Statements from Social Security Administration

Furthermore, I consent to the discussion of the information contained in my tax returns and related financial documents at a duly convened public meeting of the Township of Greenwood Board of Review. By signing this Waiver of Confidentiality, I understand and acknowledge that I am forever giving up any and all possible claims I may have relative to the disclosure of information contained in said tax returns and related financial documents, which claims may arise pursuant to Internal Revenue Code Section 6103, and/or any other federal, state or local statute or regulation.

I have read this document in its entirety and sign this document of my own free will.

Dated: _____

Applicant Signature

Spouse / Co-Applicant Signature