

THIRD PARTY AUTHO:

**PURPOSE:** By signing this document I am voluntarily identifying certain people with whom Mountain Land Collections, Inc. and its attorney (and each of their respective employees) may speak and share information and documents (even medical records) about any account(s) that are currently placed for collection or any that may be placed for collection in the future.

The person or people with whom Mountain Land Collections, Inc. and its attorney (and any of their employees) may speak and share documents (even documents, medical records, and other information that the law may consider to be my private and confidential information) as if they were speaking with and dealing directly with me are:

PRINTED NAME	RELATIONSHIP

My Printed Name is:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS IS AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION WILL BE USED FOR THAT PURPOSE. THIS COMMUNICATION IS FROM A DEBT COLLECTOR.