



AUTHORIZATION TO RECEIVE AND CONVEY INFORMATION

(C.A.R. Form ARC, Revised 6/23)

Engel Volkers Sonoma County

("Broker")

is a licensed California real estate broker that provides real estate services on its own or through others working for Broker, including Broker's salespersons, broker-associates, employees, and assistants (collectively, "Associates"). Broker represents me as the ☐ Seller, ☒ Buyer in the sale/purchase of the following property,

6477 Meadowridge Dr., Santa Rosa, CA 95401

or ☐ not yet determined. I authorize Broker and Associates _____,

_____ to request, receive and convey information, including TILA-RESPA Integrated Disclosures, and other disclosures from and to the following persons or entities in connection with the representation of me and, if applicable, the sale/purchase of property described above.

- ☐ Current Insurance Provider: _____ Policy #: _____
- ☐ Prospective Insurance Provider: _____
- ☐ Current Lender: _____ Loan #: _____
- Address _____ City _____ State _____ Zip _____
- Telephone _____ Fax _____ Email _____
- ☐ Secondary Lender: _____ Loan #: _____
- Address _____ City _____ State _____ Zip _____
- Telephone _____ Fax _____ Email _____
- ☐ Prospective Lender: _____
- ☒ Appraiser: John Mcfee
- ☐ Inspector(s): _____
- ☐ Government Entity(ies): _____
- ☐ Utility Provider: _____
- ☐ Homeowners' Association: _____
- ☐ Other: _____

☒ Buyer ☐ Seller SIGNATURE(S):

(Signature) By, _____ Date: _____

Printed name of Buyer or Seller above: _____

☐ Printed Name of Legally Authorized Signer: _____ Title, if applicable, _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

☐ Buyer ☐ Seller SIGNATURE(S):

(Signature) By, _____ Date: _____

Printed name of Buyer or Seller above: _____

☐ Printed Name of Legally Authorized Signer: _____ Title, if applicable, _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____

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