

AUTHORIZATION TO RELEASE NO-FAULT RECORDS

TO: _____
 [Insurance Company Name & Address]

RE: Name: _____
 Address: _____
 Date of Birth: _____
 Claim No.: _____
 Insured: _____
 Date of Accident: _____

DATED: _____, 20_____

PLEASE TAKE NOTICE, that you are hereby authorized to furnish and release to Poklemba & Hobbs, LLC., 2715 State Route 9, Suite 102, Malta, New York 12020, for examination, review and photocopying any and all documents, writings, information and records contained in the No-Fault file of _____, your insured, which pertain or relate to injuries sustained by the undersigned on or about _____ [date].

The foregoing authority shall continue in force until _____, 20_____.

Client

STATE OF NEW YORK)
)ss.:
COUNTY OF)

On this _____ day of _____, 20_____, before me personally came _____, to me known and known to me to be the individual described in and who executed the above instrument, and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public