



**Texoma Council of Governments**  
1401 Southland Dr., Gainesville, TX 76240  
Phone: (940)668-6403

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## Authorization for Release

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Date: \_\_\_\_\_

Submit To: **CoServ**

**Pledge Group**

Email: [pledge@coserv.com](mailto:pledge@coserv.com) or

Fax: 940-270-6802

Customer Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize CoServ to release information on my  
(Customer name here)

account to **Texoma Council of Governments**. I, \_\_\_\_\_, authorize this release for up to one year

from the above date. \*\*This release is not transerable.\*\*

Customer's Signature: \_\_\_\_\_

Caseworker name: \_\_\_\_\_

Contact phone number for Caseworker: \_\_\_\_\_