



RESIDENTIAL SCREENING AUTHORIZATION FORM

(Please Print) Name: _____ Sex: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date of Birth: _____

I give my authorization to the Accudata Holdings, LLC client below, Accudata Holdings, LLC or any party or agency contacted by the aforementioned to obtain and verify the above information, concerning a credit report, criminal records, motor vehicle and other history. I understand that inquiries may be made to various federal and state agencies, employers, and references.

Applicant's Signature _____ Date _____

(Accudata Holdings, LLC - Client information only)

Company Name: The Meridian of Palm Beach Condominium Assoc., Inc.

Contact Name: Property Manager

Tel#: 561-582-9830

E-mail: meridianofpalmbeach@kwpmc.com

Type of Screening Requested: Package 4