



Community Development Department  
69825 Highway 111  
Rancho Mirage, CA 92270  
(760) 770-3220

## Request for Release of Information

Applicant's Name: \_\_\_\_\_

To Whom It May Concern:

I have applied for a license to practice business in the City of Rancho Mirage and hereby authorize you to provide the City of Rancho Mirage or its authorized representative with any information relevant to my business license application.

I further authorize the City of Rancho Mirage to release any pertinent information required for Reciprocal Massage Permitting to other cities participating in the Coachella Valley Association of Governments Massage Ordinance Program.

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

\_\_\_\_\_  
Signature