PHOTO CONSENT FORM

l,	with a mailing address of	
	City of (the "Releasor") grant perm	, State of
	(the "Releasor") grant perm	nission and give my
consent to	(the "Releasee" r electronic media images as i) for the use of the
following photograph(s) o	r electronic media images as i	dentified below for
presentation under any le	gal use:	
	Describe Photo(s)	
Revocation (check one)		
rio i Comion (encon enco)		
\square - I understand that with	n my authorization below the p	hotograph(s) may
never be revoked.		
	ay revoke this authorization at	
	in writing. The rev	
•	efore the receipt of this writter	
•	secure location and only auth	
	ey will be kept as long as they	are relevant and
after that time destroyed	or archived.	
Releasor's Signature	Date	
Releasee's Signature	Date	

