



Smart Business Resource Center

CALIFORNIA SHASTA-METRO ENTERPRISE ZONE (EZ)

Applicant to Read and Complete

(Please include with completed Voucher Application paperwork when applicable.)

VERIFICATION & RELEASE OF INFORMATION AGREEMENT

I understand that any information gathered in the Voucher Application eligibility category will be subject to verification.

I so authorize any public or private agency to release to the **Smart Business Resource Center** information regarding my eligibility for State of California Shasta-Metro Enterprise Zone tax credits.

(Employee - Print Name)

(Date)

(Employee Signature)

SS# _____

Parent/Guardian Signature
(required if employee under 18)

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Office Use Only

