INFORMATION AUTHORIZATION FORM

DATE: _____

Information requested:

Information requested by:

Name: _____

Company: _____

Phone Number: _____

Request approved by:

Name: **Signature:** _____

Winery: _____

Co-op employee processing request:

Signature: _____

- *Must be faxed to the Co-op prior to release of information.*

Co-op Fax: (707) 838-2454