



Oregon Racing Commission  
Suite 310  
800 NE Oregon Street  
Portland, OR 97232  
Phone: 971-673-0207  
FAX: 971-673-0213

To Whom It May Concern:

I respectfully request and authorize you to furnish the Oregon Racing Commission with any and all information that you may have concerning me, my employment and education records, my character, my financial and credit status, my driving record and any record of criminal history. Your cooperation in this reply will be used to assist the Oregon Racing Commission in determining my qualifications and fitness for owning and/or operating an Off-Track Wagering facility.

I hereby release you, The Oregon Racing Commission and others from liability or damage that may result from furnishing such information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

I hereby authorize release of my Military Service Records (including medical and psychological records and reports), to the Oregon Racing Commission.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Service Number

\_\_\_\_\_  
Date

State of Oregon

County of \_\_\_\_\_

\_\_\_\_\_  
Signed or attested before me on \_\_\_\_ day of

\_\_\_\_\_  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public – State of Oregon