



Law Enforcement & Subscriber Record Center
1800 Bishops Gate Boulevard
Mount Laurel, NJ 08054
866-947-8572 Tel
866-947-5587 Fax

CONSENT TO RELEASE SUBSCRIBER INFORMATION

I, _____, the account holder, do hereby authorize Comcast to release the following subscriber information pertaining to my account:

Target Account Information (for example: telephone number or account number): _____

Description of Records Requested: _____

Time Period for Records Requested: _____

I understand that I have had the opportunity to object to the production of any of my records, or to designate and limit the scope of records which are being released and have chosen to authorize the disclosure of the subscriber information listed above. Pursuant to the consent, I hereby request that the records be provided to:

Name: Records Deposition Service

Address: P.O. Box 5054, Southfield, MI 48086-5054
F (248) 357-3337 E requests@recdep.com

In connection with this authority to release information, I do hereby agree to hold harmless Comcast and/or its affiliates and/or employees for the disclosure of such information.

Signature of Account Holder: _____

Date: _____

Contact Number for Account Holder: _____

Sworn to and subscribed before me on the _____ day of _____, 202__

Notary Public

Notary Public's printed name

My commission expires: