



# FILM TAX CREDIT THIRD PARTY AGENT CONSENT FORM

**APPENDIX L**

## SECTION I

Were the services of any agent(s) or facilitator(s) used to arrange this prospective Film Tax Credit award?  Yes  No

If the services of any agent(s) or facilitator(s) were used, please identify the name of the agent(s) or facilitator(s) and provide their contact information:

## SECTION II

If you would like to allow DCED's PA Film Office to release information concerning the progress of the award of your Film Tax Credit to an agent(s) or facilitator(s) please sign and date the "Consent to Release Information" below. Executing the "Consent to Release Information" will serve as your consent to release the Film Tax Credit award information to the party identified in this section.

**Disclaimer:** Third party agents/facilitators are entirely independent of the Department of Community and Economic Development and the Commonwealth of Pennsylvania. Neither the Department of Community and Economic Development nor the Commonwealth of Pennsylvania are affiliated with or endorse or recommend any third party agents/facilitators or the products or services of any third party agents/facilitators. Nor, do the Department of Community and Economic Development and the Commonwealth of Pennsylvania warrant or assume any legal liability or responsibility for the accuracy, completeness or usefulness of any information or service provided by any third party agents/facilitators. Engagement of any third party agents/facilitators is solely between the applicant and the third party agents/facilitators.

**Applicant Consent to Release Information**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_ (the "Applicant") do hereby  
*(name)* *(company)*

consent to and authorize the Pennsylvania Department of Community and Economic Development's PA Film Office to disclose to the agent(s) or facilitator(s) listed above in Section I any and all information, including tax information, concerning the award of Applicant's Film Tax Credit for the sole purpose of facilitating the completion of the award of the Film Tax Credits.

In providing such information, neither the Department of Community and Economic Development nor the Commonwealth of Pennsylvania shall be deemed liable for any act of commission or omission, excluding willful misconduct or gross negligence, nor for any error of judgment or mistake of fact or law.

I fully understand the nature of this consent and authorization, and understand that signing it is not a condition of my eligibility for award of the Film Tax Credits and that my authorization shall remain effective from the date of my signature until the completion of the award of the Film Tax Credits at which time it will automatically expire. I understand that I may revoke this consent and authorization at any time by written, dated communication except to the extent the person making the disclosure has acted in reliance on it.

I, the undersigned, do hereby declare and certify that I am a corporate officer, general partner or limited liability company member of the below named Film Company and that I have authority to bind the below named applicant.

The undersigned has executed this Consent and Authorization to Release Information this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Company Name	Date
Signature of Company Official	
Printed Name	
Printed Title	Phone