

ATTACHMENT B

Acknowledgment of Restrictions on Use and Disclosure of Confidential Financial Information

I, _____, am currently employed as [a][an] _____ with [the [Town][City][Village][County] of _____ (the [“Municipality”][“County”])][name of non-government entity]. I am authorized under the Reciprocal Agreement on Exchange of Information between [name of Municipality][name of County] and the Illinois Department of Revenue to request, view, or receive confidential financial information on behalf of the [Municipality][County]. I have received and reviewed the Reciprocal Agreement on the Exchange of Information and I understand its terms.

By my signature below I acknowledge that the unauthorized use or disclosure of confidential financial information obtained under the Reciprocal Agreement is prohibited by law. I further acknowledge that any person who divulges confidential financial information in any manner, except pursuant to a court order or as otherwise authorized by law, is guilty of a Class B misdemeanor and subject to a fine of up to \$7,500 per disclosure. I understand that disclosing confidential financial information to persons who are not explicitly authorized under the Reciprocal Agreement constitutes unauthorized use and disclosure.

Employer: (Please print) _____

Position/Title: (Please print) _____

[Signature]

[Date]