LUMMI INDIAN BUSINESS COUNCIL
2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

DEPARTMENT_____DIRECT NO. _____

AUTHORIZATION TO RELEASE FUNDS

First Name _____ MI: ____ Last Name _____

Enrollment #: _____ DOB: ____/____/____

I am unable to pickup my 2016 Fisheries Disaster check/gift card in person. Mark only one below.

I authorize the LIBC to:

☐ Release my check/gift card to:
_____ (Delegated Person).

☐ Mail check/gift card by regular U.S. mail to _____

_____

Signature :_____ Date: _____

State of Washington)
)
County of Whatcom)

Subscribed and Sworn before me this _____ day of _____, 2016.

_____
_____Notary Public in and for the State of Washington.
My appointment expires_____.

**Forms must be notorized or they will not be accepted. No Exceptions will be allowed.*