



AUTHORIZATION TO RELEASE INFORMATION

LESSEE (S): _____

LOT NUMBER: _____

By signing below, I/we authorize **The Tulalip Tribes Leasing Department** to release information about my/our lease to _____. This authorization includes, but is not limited to, providing copies of any original documents and/or any oral or written information regarding the specifics of the lease and the current status of the lease.

I/We agree to release **The Tulalip Tribes Leasing Department**, it's parents, affiliates, successors, and assigns from any liability in connection with the release of the foregoing information.

I/We understand that this Authorization may only be revoked by me/us by notifying **The Tulalip Tribes Leasing** Department in writing.

_____	_____	_____	_____
Lessee	Date	Lessee	Date

State of _____ County of _____

On _____, the Lessee (s), _____,

came before me personally and, under oath, stated that he/she is the person described in the above document and he/she signed the above document in my presence.

Notary Signature

Notary Public,
In and for the County of _____ State of _____

My Commission expires: _____

Seal