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