AUTHORIZATION TO RELEASE INFORMATION TO
BUYER, REALTORS, AND/OR CLOSING AGENT

LESSEE (S): ____________________________
 ____________________________  LOT NUMBER: ___________

By signing below, I/we authorize The Tulalip Tribes Leasing Department to release information about my/our lease to the Buyer, Realtor for the Buyer, my/our Realtor, and/or any Organization designated as the closing agent on the property mentioned above. This authorization includes, but is not limited to, providing the Realtors, Buyer and/or any Organization designated as the closing agent on the property mentioned above with 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 that is needed to assist in closing.

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.

______________________________          ______________________________
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