



# LUMMI INDIAN BUSINESS COUNCIL

2665 KWINA ROAD BELLINGHAM, WASHINGTON 98226 (360) 312-2000

## Authorization to Release

### Lummi Enrolled Tribal Member Information

First Name,

Middle Initial

Last Name

Enrollment #

Last 4 SSN

DATE OF BIRTH

**I am unable to pick up my December 2023 Lummi Nation Basic Needs Distribution. I Authorize the Lummi Indian Business Council to: (Mark only one below)**

☐ **Release my check to**

*Delegated person*

*Delegated person will have to provide proof of applicant's enrollment (CIB or Copy of Tribal ID to pick up check.*

**OR**

☐ **Mail check by regular U.S mail to (Write address below. Please write clearly**

**This must be signed in front of Notary.**

Tribal Member's signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_,

County of \_\_\_\_\_,

Subscribed and sworn before this \_\_\_\_\_ Day of \_\_\_\_\_