



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 #

Fish ID #

DATE OF BIRTH

I am unable to pick up my 2024 Fish Disaster Relief Funds. 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 Fish ID #.

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 worn before this _____ Day of _____