



LUMMI INDIAN BUSINESS COUNCIL

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

DEPARTMENT _____ Office of the Treasurer DIRECT NO. _____

Authorization to Release

First Name: _____ MI: _____ Last Name: _____

Enrollment Number: _____

DOB: ___/___/___

I am unable to pick up my 2020 Lummi Nation COVID-19 Emergency Assistance. I authorize the Lummi Indian Business Council to:

(Mark only one below)

Release my check to: _____ (Delegated Person).

Mail check by regular U.S. mail to (write address clear)

Must be signed in front of Notary

Tribal Member's Signature: _____ Date: _____

State of _____)

County of _____)

Subscribed and sworn before this ____ day of _____, 2020.

Notary Public in and for the State of _____
My appointment expires _____