



PORT GAMBLE S'KLALLAM TRIBE

NATURAL RESOURCE OFFICE

31912 LITTLE BOSTON ROAD NE KINGSTON, WA 98346

Consent To Release Treaty Income Information

Fisherman: _____

Department Requesting Info: _____
(Only if your a rep. and is requesting this Report.)

Beginning report Date: / / **Ending Report Date:** / /

I hereby authorize Natural Resources to release information verifying my treaty income to the department above if any for the dates indicated. Also I have read and understand the policies on receiving this report.

Fisherman's Signature: _____ **Date:** _____