



## Authorization for Release of Financial Records

Financial and tax information is confidential and cannot be shared with anyone without the licensees' permission. By completing this form, you are authorizing the Liquor Control Board to share your confidential financial or tax information with the person(s) you name below. This does not authorize parties to represent you by speaking on your behalf, nor is it a Power of Attorney. Please complete all parts of the form. Describe the specific information you would like to share and for what time period. This request may cover all confidential information or it may be limited to certain information and/or periods of time.

Effective Date                      Name of Authorizing business                      UBI or License number (if applicable)

### Authorizing Licensee

	(      )      -		
Business name	Phone	email	
Street address	City	State	Zip

### Person, company, or firm who can receive your confidential information

O Bee Credit Union	(360) 943-0740	bsacompliance@obee.com	
Business name	Phone	email	
P.O. Box 5000	Lacey	WA	98509-5000
Street address	City	State	Zip

Describe the records to be shared (be specific or state "All")

For what time frame (list dates, or state "All")

### Signature of person giving authorization

I declare that I am authorized to execute this form on behalf of the licensee for the information and periods stated above. I am listed in official records held by Washington Secretary of State or Business License Service as the owner, partner, corporate officer, LLC member or manager. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Print Name                      Title (if applicable)

Signature                      Date

Please forward this completed form to [PublicRecords@liq.wa.gov](mailto:PublicRecords@liq.wa.gov) along with your Public Records request. If you have questions, please call 360-664-1693 or 360-664-1718.