

Confidential Unclaimed Property Information Authorization

I authorize the Department of Revenue to share my confidential unclaimed property information as indicated.

I understand any information the Department of Revenue shares with the company or individuals listed below under Section 2 is not treated as confidential information and may be shared by that company or individual.

1 My information (This information will not be used to update your business record.)

Business name:

Holder ID/FEIN:

Phone:

Mailing address:

City:

State:

Zip:

Email:

2 Share my confidential information with the individual(s)/company listed below.

If you are authorizing an entire company, add the words "and staff." If authorizing specific people, add name(s) in the Authorized names/email section.

Individual or company name:

Mailing address:

City:

State:

Zip:

Phone:

Email:

Select the appropriate box below:

Any information for any reporting period.

Any information for this reporting period.

Report year:

to

Report year:

Only listed information as indicated below.

Report year:

to

Report year:

Information to be shared:

Authorized names/email section:

Name and email:

Name and email:

Name and email:

Name and email:

3 Send my confidential information by regular email or phone.

By selecting this box, I authorized the department to send my confidential information using regular email or phone. I acknowledge that email and phone communications are not secure, and that confidential information sent via email or phone may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation of the Secrecy Clause (RCW 82.32.330) that might arise from an unauthorized interception and/or use of email or phone.

4 My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (e.g., power of attorney or annual report) that grants me the authority to sign.

Signature: _____ Title: _____ Date: _____

Print name:

City and state where signed:

This authorization remains in effect until revoked in writing by either party. Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the department as indicated in step 5.

5 What to do next

Email to WAUCPHolders@dor.wa.gov