

# 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.)

Individual/business name \_\_\_\_\_  
 SSN/Fed ID # \_\_\_\_\_ Phone \_\_\_\_\_  
 Mailing address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Fax \_\_\_\_\_

## 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 \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Place an X in the appropriate box below:

- Any information for any reporting period.  
 Any information for this reporting period \_\_\_\_\_ month/quarter and year to \_\_\_\_\_ month/quarter and year  
 Only listed information as indicated below: \_\_\_\_\_ month/quarter and year to \_\_\_\_\_ month/quarter and year

Authorized names/email section

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Information to be shared

## 3. Send my confidential information by regular email, fax or phone.

I am aware of the Department's secure message system. I know regular email and fax are not as secure, and confidential information may be intercepted by unauthorized persons. I accept these conditions and waive any violation resulting from use of unsecured email, fax or phone.

- By checking this box, I authorize the Department to send my confidential information using regular email or fax.

## 4. My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or 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, annual report, letters of testimony) 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. Fax to 360-534-1498, or email to [UCP@dor.wa.gov](mailto:UCP@dor.wa.gov)

For assistance or to request this document in an alternate format, visit <http://dor.wa.gov> or call 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.

ATTN: \_\_\_\_\_