

SILETZ TRIBAL GAMING COMMISSION

Last Name	First Name	Full Middle	Date			
Physical and Mailing Address			Social Security Number			
			Driver's License # & State			
City, State, Zip Code			Telephone Number ()			
Date of Birth		Company Name and Position		Vendor Company Name		
Gender	Hgt	Wgt	Hair	Eyes	Place of Birth (State and Country)	Email Address

SECTION A

I certify that all the statements made in this document are true, complete to the best of my knowledge and belief and are made in good faith. I am aware that the Siletz Tribal Gaming Commission may conduct an investigation to determine my suitability for a Siletz Tribal Gaming License.

I authorize and grant my consent to provide any law enforcement agency and any such person, business or agency deemed necessary to release information to the Confederated Tribes of Siletz Indians of Oregon, Siletz Tribal Gaming Commission, or it's designated representative.

_____ Signature _____ Print Name

Subscribed and sworn to before me this _____ day of _____, 20__

at _____ in the County of _____, in the State of _____.
(city)

Notary Public (signature)

Print Name

My commission expires on _____.

APPLICANT'S REQUEST TO RELEASE INFORMATION

To: _____

From: _____

Applicant's Name

1. I hereby authorize and request all persons to whom this request is presented having information relating to or concerning me to furnish such information to a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
2. I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning me to permit a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission be permitted to review and obtain copies of any and all documents, records, or correspondence pertaining to me, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.
4. I do hereby make, constitute, and appoint any duly appointed agent of the Confederated Tribes of Siletz Indians Gaming Commission my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my benefit:
 - (a) To request, review, copy, sign for, or otherwise act for investigative purposes with respect to documents, and information in the possession of the person to whom this request is presented as I might;
 - (b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request;
 - (c) To place the person or entity to whom this request is presented and insert that person's name in the appropriate location on this request.
5. I grant to said attorney in fact full power and authority to, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.
6. This power of attorney ends when the gaming license is no longer deemed valid by the Siletz Tribal Gaming Commission.
7. I have filed with the Confederated Tribes Of Siletz Indians Gaming Commission an "application" as that term is defined in Siletz Tribal ordinance number 6.20. I understand that I am seeking the granting of a privilege and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of adverse public notice, embarrassment, criticism, or other action of financial loss which may result from action with respect to this application.

- 8. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all manners of action, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which I ever had, now have, may have, or claim to have against the person to whom this request is presented or his agents or employees arising out of or by reason of complying with this request.
- 9. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
- 10. A reproduction of this request by the Xerox or similar process shall be for all intents and purposes as valid as the original.

In witness whereof, I have executed this request at _____,
City
 _____ on the _____ day of _____, 20_____.
State

Applicant's Signature

Subscribed and sworn to before me this _____ day
 of _____, 20_____. At
 _____,
City, *State*

Notary of Public (signature)

Print Name

My commission expires on _____.

Signature of Confederated Tribes Of Siletz Gaming Commission Agent presenting this request:

Date: _____