

LANDOWNER ACKNOWLEDGEMENT FORM

Landowner Information:

Name of Landowner: Island County

Landowner Contact Information:

☒ Mr. ☐ Ms. Title
First Name: Jeff Last Name: Tate

Contact Mailing Address: PO Box 5000, Coupeville WA 98279

Contact E-Mail Address: Jeff T@co.island.wa.us

Property Address or Location: Ala Spit County Park

I certify that Island County (Jeff Tate) is the legal owner of property described in this grant application to the Salmon Recovery Funding Board (SRFB). I am aware the project is being proposed on my property. My signature authorizes the applicant listed below to seek funding for project implementation, however, does not represent authorization of project implementation.


Landowner Signature

9-8-08
Date

Project Applicant Information

Project Name: Ala Spit Restoration Project

Project Applicant Contact Information:

☒ Mr. ☐ Ms. Title
First Name: Matt Last Name: Kukuk
Mailing Address: See Above

E-Mail Address: Matthewk@co.island.wa.us

Lead Entity Organization: WRIA 6