

OCT - 4 2007

RECREATION AND CONSERVATION OFFICE

Landowner Willingness Form**Landowner Information:****Name of Landowner:****Landowner Contact Information:**☐ Mr. ☒ Ms. Title

First Name: Sharen Last Name: Verschuyt

Contact Mailing Address:

2604 Capitol Way S.
Oly, WA 98501

Contact E-Mail Address:

caps home@comcast.net

Property Address or Location:Totten Inlet next to 896 S.E. Dahman Rd
Shelton, 98584I certify that Sharon F. Verschuyt is the legal owner of property described in this grant
(landowner or organization)

application to the Salmon Recovery Funding Board (SRFB). I am aware the project is being proposed on said property. My signature authorizes the applicant listed below to seek funding for project implementation, however, does not represent authorization of project implementation.

Sharon F. Verschuyt
Landowner Signature9/25/07
Date**Project Applicant Information****Project Name:** Big Cove Restoration**Project Applicant Contact Information:**☐ Mr. ☐ Ms. Title

First Name: Lance

Last Name: Winecka

Contact Mailing Address: SPSSEG 6700 Martin Way East Suite 112 Olympia, WA 98516

Contact E-Mail Address: lancew@spsseg.org

Lead Entity Organization: Mason CD WRIA 14