

APPENDIX H – LANDOWNER ACKNOWLEDGEMENT FORM

Landowner Information:

Name of Landowner: John Cook

Landowner Contact Information:

☒ Mr. ☐ Ms. Title

First Name: John

Last Name: Cook

Contact Mailing Address: 16713 78th Ave. NW, Stanwood, WA 98292

Contact E-Mail Address: captcook@nwi.net

Property Address or Location: 310 S Sunrise Blvd, Camano Island, WA 98282

I certify that John C Cook 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 my property. My signature authorizes the applicant listed below to seek funding for project implementation, however, does not represent authorization of project implementation.

John C Cook
Landowner Signature

9 Jul 09
Date

Project Applicant Information

Project Name: Livingston Bay Pocket Estuary Restoration

Project Applicant Contact Information:

☐ Mr. ☐ Ms. Title: Marine Project Manager

First Name: Betsy

Last Name: Lyons

Mailing Address: 1917 1st Ave, Seattle WA 98101-101

E-Mail Address: blyons@mc.org

Lead Entity Organization: Island County

APPENDIX H - LANDOWNER ACKNOWLEDGEMENT FORM

Landowner Information:

Name of Landowner: Carol Magelssen

Landowner Contact Information:

☐ Mr.

☐ Ms.

Title

First Name: Carol

Last Name: Magelssen

Contact Mailing Address:

4880 S. Camano Dr.
Camano Island, WA 98282

Contact E-Mail Address:

Property Address or Location: Sunrise blvd. , Camano Island, WA

Parcel R33232-505-1700

I certify that Carol M Magelssen 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 my property. My signature authorizes the applicant listed below to seek funding for project implementation, however, does not represent authorization of project implementation.

Carol M Magelssen
Landowner Signature

July 13 2009
Date

Project Applicant Information

Project Name: Livingston Bay Pocket Estuary Restoration Project

Project Applicant Contact Information:

☐ Mr.

☒ Ms.

Title: Marine Project Manager

First Name: Betsy

Last Name: Lyons

Mailing Address: 1917 1st Ave. Seattle, WA 98101

E-Mail Address: blyons@trc.org

Lead Entity Organization: Island County