



CITY OF MODESTO
Bingo License Bank Account Waiver

TO:

Name of Bank:		
Address:		
City:	State:	Zip Code:

REGARDING:

Bingo Account Number(s):

TO WHOM IT MAY CONCERN:

We hereby give up and waive our rights from unreasonable search and seizures and authorize the bank to allow a complete inspection of our bank accounts by the Modesto Police Department.

Name of the Organization:	
Address of the Organization:	
President of the Organization:	
President's Signature:	California ID/DL:

AUTHORIZED SIGNERS ON THE ACCOUNT:

Name:	Title:
Signature:	California ID/DL:
Name:	Title:
Signature:	California ID/DL:

The above signatures must be witnessed by Modesto Police Department personnel.

Date:	Witness:
-------	----------

Modesto Police Department Notary