



Little Traverse Bay Bands of Odawa Indians
Enjiboozbigeng
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
231-242-1520 • 231-242-1521 • 231-242-1522

Address Verification Form
(Everyone 18 and over MUST complete this form.)

Completing this form will officially change the address at which you currently are listed in Tribal Records and for all other Tribal Departments for the sole use of mailing purposes. Address changes or corrections are effective the day of receipt of this form. Please complete this form according to instructions below.

INSTRUCTIONS

- Complete **Section 1** only if your mailing address and physical address are the same and have this form **Witnessed**
- Complete **Section 1 and Section 2** if your mailing address and physical address are different, have this form **Notarized**
- Photocopies/Faxes of this form **are not accepted**. If additional forms are needed please call the listed phone numbers above.

Section 1: – This is your mailing address and where your mail will be sent.

Tribal Citizenship # _____ Social Security#: _____ Date of Birth: _____

First _____ Middle _____ Last & Suffix if applicable _____ Maiden (if married) _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Township: _____

Phone Number: _____ Email address: _____

Head of Household. One per household. This is to receive the Odawa Trails and mail from Departments and Programs.

Section 2: – If your physical address and mailing address is different then you must complete both sections and have this form notarized.

Physical Address: _____

City: _____ State: _____ Zip Code: _____

County of Residence: _____ Township: _____

By signing this form, I state that the above information is true and correct to the best of my knowledge.

Tribal Citizen's Name-Printed _____ Date _____

Tribal Citizen's Signature _____ Date _____

Witness Signature-anyone over 18 _____ Date _____

Acknowledged before me in _____ **NOTARY PUBLIC** _____ County, State of _____

on _____ (month/day), 20 _____ by _____
(Name of Person Acknowledged)

Notary Public Printed Name _____ Stamp/Seal _____

Notary Public Signature _____

My Commission Expires on: _____

TO BE COMPLETED BY THE LTBB STAFF – Do not write below this line.

White-Copy: Enrollment: _____ DOE: _____ Yellow Copy-Accounting: _____