



Little Traverse Bay Bands of Odawa Indians  
7500 Odawa Circle  
Harbor Springs, MI 49740  
231-242-1400

## Public Document Request

Date: \_\_\_\_\_ Track ID#: \_\_\_\_\_ Accepted By: \_\_\_\_\_  
*Office Use Only* *Office Use Only*

Name: \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Document Name / Title: \_\_\_\_\_

or

Document Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like to review your requested documents? Please check one.

Photocopied:

On-Site Review:

Via Email:

Requestors Signature: \_\_\_\_\_

*Sign Form Here Before Submission*

**Important:** When requesting a public document be sure to include a photocopy of your Tribal Identification.