

Little Traverse Bay Bands of Odawa Indians Enjiboozbiigeng Enrollment Office 7500 Odawa Circle Harbor Springs, MI 49740 (231) 242-1520 • (231) 242-1521 • (231) 242-1522 E: <u>enrollment@ltbbodawa-nsn.gov</u> F: (231) 242-1526

Conditional Relinquishment Acknowledgement Letter

- 1. A Conditional Relinquishment is when a tribal citizen wants to relinquish his/her Tribal Citizenship with Little Traverse Bay Bands of Odawa Indians upon acceptance as a member of another federally recognized Tribe.
- 2. A LTBB citizen who is relinquishing their citizenship in the Little Traverse Bay Bands of Odawa Indians and seeking membership in another federally recognized tribe may conditionally relinquish their citizenship.
- 3. A conditional relinquishment shall operate to delay a LTBB Citizens relinquishment from becoming effective until the citizen becomes enrolled in another federally recognized tribe.
- 4. All Conditional Relinquishments must be on a form generated by the LTBB Enrollment Department and the form must be notarized.
- 5. It is the responsibility of the LTBB Citizen to contact LTBB Enrollment Department by the Anticipated Enrollment Date listed on the Conditional Relinquishment Form or as soon as the LTBB citizen becomes a member of the Tribe in which they are applying for.
- 6. The Anticipated Enrollment Date listed on the Conditional Relinquishment is the date the Conditional Relinquishment form will expire unless the LTBB Tribal Citizen becomes enrolled.
- 7. The Conditional Relinquishment Acknowledgment Letter and Conditional Relinquishment Form must be submitted together to become valid, both forms must be original.

I have read the Conditional Relinquishment requirements and by signing this I agree to contact the Little Traverse Bay Bands of Odawa Indians by the anticipated date of enrollment or if I become enrolled with the Tribe I am applying for.

Name

Date



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CONDITIONAL RELINQUISHMENT

Ι	LTBB Number:	DO	B:	would like to file a
Conditional Relinquishment with the Li relinquishment is to delay a LTBB Citiz in another federally recognized Tribe.				
Η	Please check one:			
	I am applying for r I will be applying f)	
Name of Federally Recognized Trib	2			
Address	City		State	Zip Code
Enrollment Officer/Clerk/Coordinator			Phone Number	
*My Anticipated Date of En	ollment with the Tri	be I am appl	ying for is:	·
I am completing this conditional relinqu Traverse Bay Bands of Odawa Indians date above.				
Signature			Date	
	NOTARY	PUBLIC		
Subriscibed and sworn before me in		C	County, State of	
on	(month/day), 20	by	(Nor	me of Dringing)
			(INAI	ne of Principal)
Notary Public Signature AND Printed Name			Stamp/Seal	

My Commission Expires on: