

2024 LTBB Gun Safe Application

THE LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS NATURAL RESOURCE DEPARTMENT LTBB GUN SAFE PROGRAM APPLICATION

Last	First	Middle
Address:		
Street		
City	State	Zip
COUNTY:		Tribal Enrollment #
DATE OF BIRTH:		HUNTER NUMBER
ALTERNATE NUMBER		Phone Number
Number of children under	r 21 years of age in th	e household:
First Name and age		First Name and age
First Name and age		First Name and age
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	information is true a	nd that I have received a copy of the LTBI
I certify that the above t	information is true a	
I certify that the above NATURAL RESOURCE	information is true a DEPARTMENT PRO	nd that I have received a copy of the LTBI CEDURE, LTBB GUN SAFE PROGRAM.
I certify that the above NATURAL RESOURCE IS Signature LTBB NRD will conduct a dra Department. Please note it is your response.	information is true and DEPARTMENT PRO-	nd that I have received a copy of the LTBE CEDURE, LTBB GUN SAFE PROGRAM. Date pplications submitted to the LTBB Natural Resource informed of any changes in your contact information your chance for the Gun Safe if our office cannot make
I certify that the above NATURAL RESOURCE IS Signature LTBB NRD will conduct a dra Department. Please note it is your respons failure to keep your file up to	information is true and DEPARTMENT PRO-	nd that I have received a copy of the LTBE CEDURE, LTBB GUN SAFE PROGRAM. Date pplications submitted to the LTBB Natural Resource informed of any changes in your contact information your chance for the Gun Safe if our office cannot make
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