2026 LTBB Gun Safe Application

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

Name:_____
Last First Middle

Address:_____
Street

_____
City State Zip

COUNTY: _____ Tribal Enrollment #_____

DATE OF BIRTH: _____ HUNTER NUMBER_____

ALTERNATE NUMBER: _____ Phone Number _____
Number of children under 21 years of age in the household:

First Name and age _____ First Name and age _____

First Name and age _____ First Name and age _____
Additional space needed use back of application.

I certify that the above information is true and that I have received a copy of the LTBB NATURAL RESOURCE DEPARTMENT PROCEDURE, LTBB GUN SAFE PROGRAM.

_____ _____
Signature Date

LTBB NRD will conduct a drawing from all completed applications submitted to the LTBB Natural Resource Department.

Please note it is your responsibility to keep our office informed of any changes in your contact information failure to keep your file up to date may result in losing your chance for the Gun Safe if our office cannot make contact with you from the information provided on the application.

(For LTBB Office Use only)

Received by: _____ Date Received: _____

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