



2020 LTBB Commercial Fishermen Covid 19 Relief Program Application

Commercial Captain License # _____

THE LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS
NATURAL RESOURCE DEPARTMENT
LTBB COMMERCIAL FISHERMEN Covid 19 RELIEF PROGRAM APPLICATION

Name: _____
Last First Middle

Address: _____
Street

City State Zip

Tribal Enrollment # _____

PHONE NUMBER _____ CELL: _____

Captain #: _____ Helper #: _____ If a helper indicate which

Captain you worked for: _____.

Detail # of lifts in 2019 and/or 2020 per Management Unit and Grid #(s):

Please detail reason for loss of in come related to Covid 19: _____

Amount requested (up to \$750 for Captains up to \$250 for helpers): _____

I certify that the above information is true and that I have received a copy of the LTBB COMMERCIAL FISHERMEN COVID 19 RELIEF PROGRAM.

Signature

Date

.....
(For LTBB Office Use only)

Received by: _____ Date Received: _____

Lift(s) verified: _____ Date Approved: _____

If Denied Date: _____

Reason for Denial: _____
