

## Little Traverse Bay Bands of Odawa Indians **ELECTION BOARD**

ElectionBoard@LtbbElectionBoard.org P.O. Box 160, Conway, MI 49722

## PUBLIC DOCUMENT REQUEST FORM "Please Print"

| Tribal ID Number                        | Email Address  Last Name |                | Date Of Birth Suffix (Sr., Jr., etc.) |
|---|--------------------------|----------------|---------------------------------------|
| First Name                              |                          |                |                                       |
| Mailing Address (Street A               | ddress or Post Of        | fice Box)      |                                       |
| City                                    | State                    |                | Zip Code                              |
| Requested Document Titl                 | e:                       |                |                                       |
| Document Description:_                  |                          |                |                                       |
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| Signature of Voter                      |                          |                | Request Date                          |
| *******                                 | ******                   | *******        | ******                                |
| Tribal Identification Verifi            | ed:                      |                |                                       |
| rocessed by Election Board Member:Signa |                          |                |                                       |
| Date: Do                                | cument(s) Provide        | ed:            |                                       |