



# 2024 LTBB Gun Safe Application

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**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.

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(For LTBB Office Use only)

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_