

Grand Traverse Band of Ottawa & Chippewa Indians
2605 N.W. Bayshore Drive
Peshawbestown, Michigan 49682
P 231.534.7500

Certification of Participation

From: (Please Print)

Name _____

Address _____

_____ ZIP _____

Application for a permit to receive item (s) from the Tribal Repository.

I hereby certify that _____ requires _____

_____ for spiritual purposes.

Signed

Date

Title

Signed

Date

Title



Grand Traverse Band of Ottawa and Chippewa Indians

Repository Application and Receipt

Natural Resource Department

2605 N W Bay Shore Drive

Peshawbestown, MI 49682

P.231.534.7500

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	SOCIAL SECURITY NUMBER
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ADDRESS	HOME PHONE NO.	WORK PHONE NO.
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DESCRIPTION OF REQUESTED MATERIAL					
ITEM		SPECIES		SPECIES CONT.	
()	WHOLE	()	GOLDEN	()	BEAR
()	WING(S)	()	BALD	()	BOBCAT
()	TALONS	()	HAWK	()	FOX
()	FEATHERS	()	OWL	()	COYOTE
()	TAIL	()	HERON	()	OTTER
()	BONES	()	LOON	()	BEAVER
		()	CRANE	()	MINK
				()	OTHER
	AGE				
()	ADULT				
()	IMMATURE				

You may have only one request and one item per request pending at any one time.

SIGNATURE OF APPLICANT	ENROLLMENT NUMBER	DATE
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OFFICE USE ONLY		
Date application received		
Month	Day	Year
Initials		

