

Grand Traverse Band of Ottawa and Chippewa Indians  
Residency Form for Tax Agreement

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone #(\_\_\_\_) \_\_\_\_\_ Social Security# \_\_\_\_\_ Tribal ID # (On tribal card) \_\_\_\_\_

Home Address (Physical Address)-No P.O. Box #'s \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (If different than Physical Address) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Is your permanent place of residence within the Agreement Area? Yes/No \_\_\_\_\_ If yes, fill out utility information below. Do you own a business within the Agreement Area? Yes/No\_\_\_\_ If yes, please list business name and address. Name \_\_\_\_\_

DBA/Fed/State Tin # \_\_\_\_\_ % of Ownership \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby certify that all information is true and accurate to best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Attach a copy of your **driver's license** and a copy of a **current utility bill-within one month** of registering (electric, water, gas, phone). Utility bills must be in the name of the Tribal Member registering. Driver's license and utility bill must have the current address listed on them. If a minor, a copy of your driver's license or a copy of your school record is acceptable. All others please contact the Revenue Department at (231) 534-7130 for other acceptable documentation for proof of residence. Send your application to:.

Revenue Director  
Grand Traverse Band of Ottawa and Chippewa Indians  
2605 N. West Bayshore Drive  
Suttons Bay, MI 49682

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Utility Information: Name of Utility Provider

Electric _____	Cell Phone _____
Natural Gas _____	Cable TV _____
Heating Fuel _____	Satellite _____
Propane Gas _____	Internet _____
Telephone _____	Other _____

**\*The Residency Form does not change your address with the Membership Office. In order to change your address with Membership please fill out a Change of Address Form.**