

**Residency Form for Tax Agreement**

**Little Traverse Bay Bands of Odawa Indians**

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

Last 4 digits of your

Phone: (\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Tribal ID# \_\_\_\_\_

Physical Home Address (**No PO Box #'s**) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Township/  
Municipality \_\_\_\_\_  
(Listed on Voter Registration Card)

Mailing Address (**if different than physical address**) \_\_\_\_\_

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

Is your permanent place of residence within the LTBB Tax Agreement Area? Yes/No \_\_\_\_\_

If yes, fill out the utility information at the bottom of the page.

Do you own a business within the Tax Agreement Area? Yes/No \_\_\_\_\_ If yes, please list:

Name of Business \_\_\_\_\_

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

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

DBA/Fed/State EIN or FIN # \_\_\_\_\_ % of ownership \_\_\_\_\_

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

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

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

Attach a copy of your driver's license and/or **voter's registration** and copies of current utility bills within one (1) month of registering (electric, water, gas, phone, satellite). 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 both documents. If a minor, a copy of your driver's license or a copy of your school record (grade report) is acceptable. All others, please contact the Department of Commerce's office at (231) 242-1584 for other acceptable documentation for proof of residence.

Theresa Keshick, Department of Commerce Assistant  
Little Traverse Bay Bands of Odawa Indians  
7500 Odawa Circle Harbor Springs, MI 49740

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Name of Utility Provider

Account #

Telephone \_\_\_\_\_

\_\_\_\_\_

Cell phone \_\_\_\_\_

\_\_\_\_\_

Electricity \_\_\_\_\_

\_\_\_\_\_

Gas \_\_\_\_\_

\_\_\_\_\_

(Includes natural, propane, LP and fuel oil)

Satellite/Cable \_\_\_\_\_

\_\_\_\_\_

**\*\* This Residency Form does NOT change your address with the Enrollment Department. You must fill out an Address Verification form with the Enrollment Department first.**