Little Traverse Bay Bands of Odawa Indians
Elders Program
7500 Odawa Circle
Harbor Springs, MI 49740
Ph: 231.242.1423

Food & Utility Reimbursement Application

January 5, 2015

_____

Please print the following information:

Tribal Enrollment Number: _____

Name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street)

_____
(City) (State) (Zip)

Date of Birth: _____

Telephone: _____

Signature: _____ **Date:** _____

***Please remember to include original utility & grocery receipts for current calendar year**

For office use only, please do not write in this section.

Utility Total: _____ **Grocery Total:** _____

Current year 2015